

Name in Full

Certificate of Death

Juliana Appleton

Town

County

Died at

MARYLAND

Almshouse Alleyany

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

9 10

Age

48 9 24

Mo.

Housewife

Male

White

~~Married~~

Widow

Divorced

Female

~~Colored~~~~Single~~~~Widower~~~~Number of children living~~Husband
of
Wife

Father's

Name

Mother's

Maiden Name

Nicholi

Juliana Nicholi

Cause of

Primary

Cancer of Uterus

How long sick

1 year

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J. M. Spear

Address

9

Cumberland
Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Mary Boendlinger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Baltimore</u> ^{Town}		<u>Allegany</u> ^{County}			
Date of death	1903	Month	Sept	Day	18
Age	82	Years		Months	
Sex	Female	Color or Race	White	Birth-place	
Occupation	Housewife		Where Residing if not at place of death <u>Baltimore Md</u>		
Married, Single or Widowed	Widowed	Name of Wife or Husband			
Father's Name					Father's Birthplace
Mother's Maiden Name					Mother's Birthplace
Name of person giving Information					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Enteritis</u>	How long	<u>3 wks</u>
Immediate	<u>Transition</u>	How long	<u>10 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>H. H. Stansbury</u>
		Address	<u>Baltimore Md</u>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

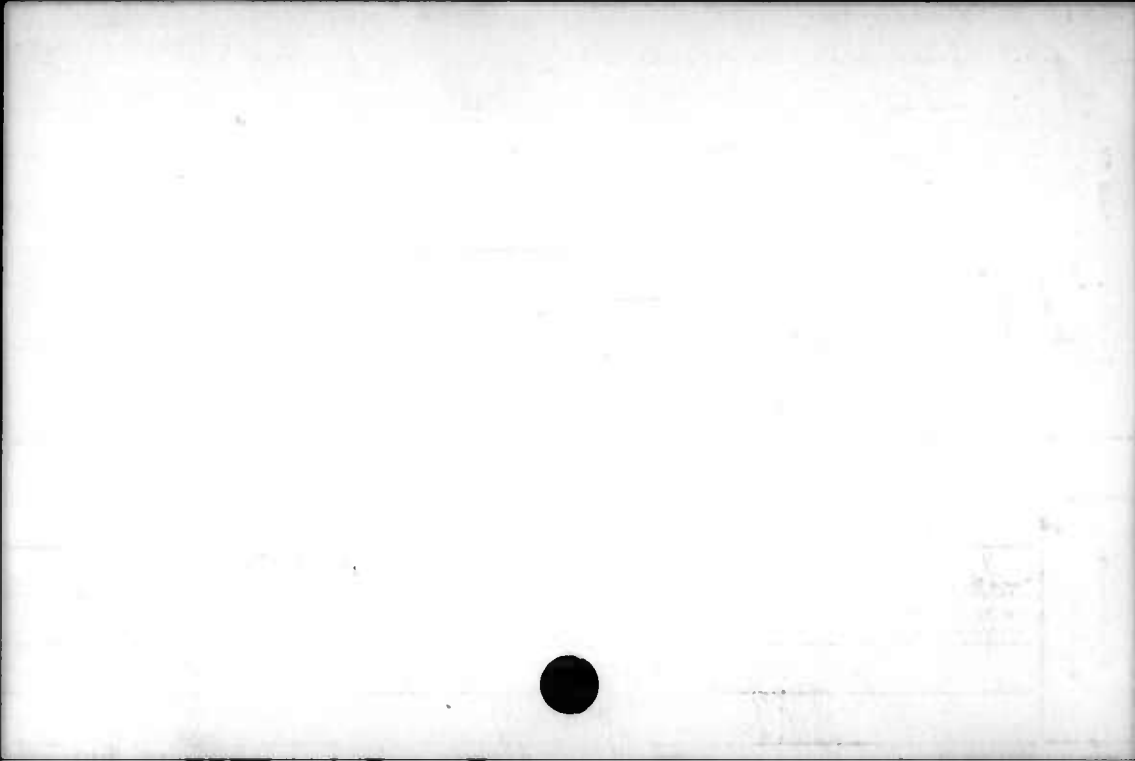
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Crummeland</i> <small>Town</small>		<i>Allegheny</i> <small>County</small>		MARYLAND	
Date of death <i>190</i>	<i>Sept</i> <small>Month</small>	<i>3</i> <small>Day</small>	<i>25</i> <small>Years</small>	<i>24</i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Crummeland</i>		
Occupation <i>Child</i>	Where Residing if not at place of death <i>101 Hiland St-</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>E. W. Bunker</i>	<i>151</i>			Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>	
Name of person giving Information <i>—</i>				How related to deceased <i>—</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Inanition</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. Carpenter</i>
	Address <i>Crummeland Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Francis Leo Carabine
Town: Mt. Savage County: Allegheny

MARYLAND

Date

of death 190

3 Sept 13 Age 5 Years Months Days

Sex

male

Color or
Race

White

Birth-
place

Mt. Savage, Md.

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

Chas. A. Carabine

Father's
Birthplace

Mt. Savage, Md.

Mother's
Maiden Name

Mary Frances Barrett

Mother's
Birthplace

Mt. Savage, Md.

Name of person giving
Information

C. A. Carabine

How related
to deceased

Father

CAUSES OF DEATH

Primary

Ice Chilling

How long

3 weeks

Immediate

Broncho-pneumonia

How long

5 days

Are the name, age, sex, color, date
and place correctly given above?

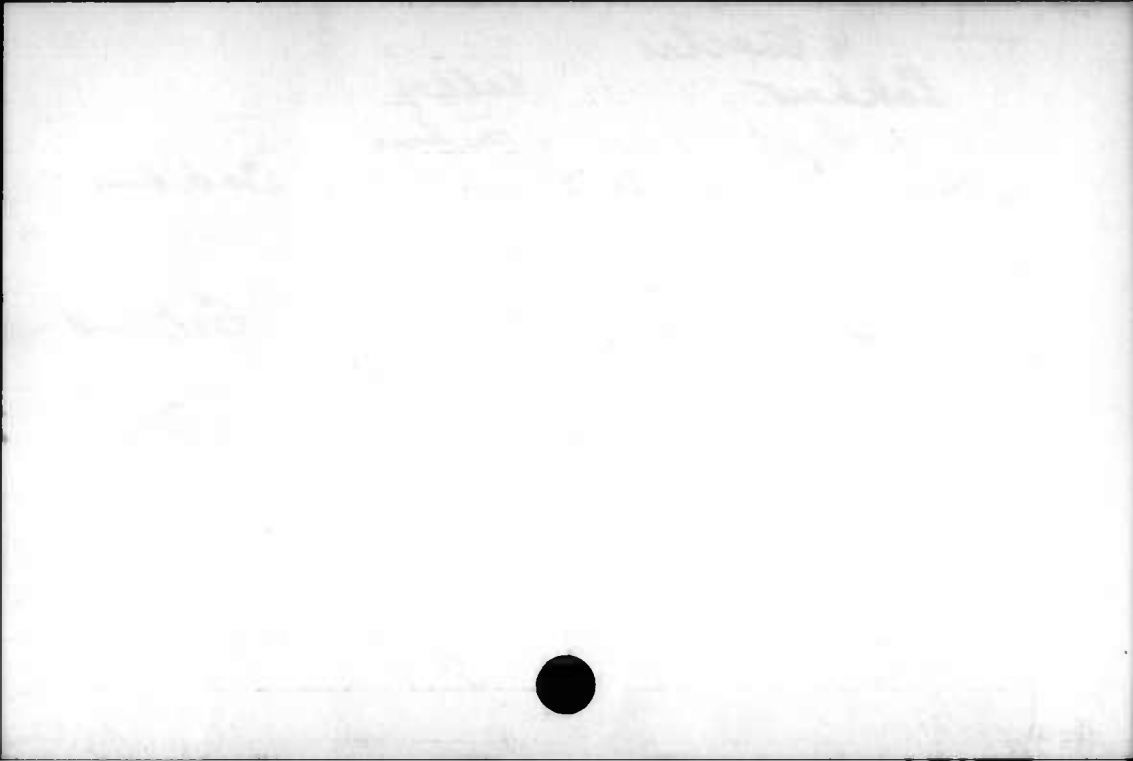
740

Signature of
Physician

Address

Dr. Wood
Mt. Savage, Md.PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Eckhart</i> Town		<i>Alley</i> County		MARYLAND	
Date of death	1902	Month	<i>Sept</i>	Day	3
Age		<i>one hour</i>		Months	
Sex	<i>M.</i>	Color or Race	<i>W.</i>	Birth-place	<i>Eckhart</i>
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Levi Carter</i>		Father's Birthplace	<i>Eckhart</i>
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information		<i>Self</i>		How related to deceased	<i>M.</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Accidental hemorrhage from tubercles</i>	How long	
Immediate	<i>one hour after birth</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>S. J. Griffith</i>
		Address	
Accident or Suicide?			

1874

Edward



Name
in
Full

Mary Caton

CERTIFICATE OF DEATH

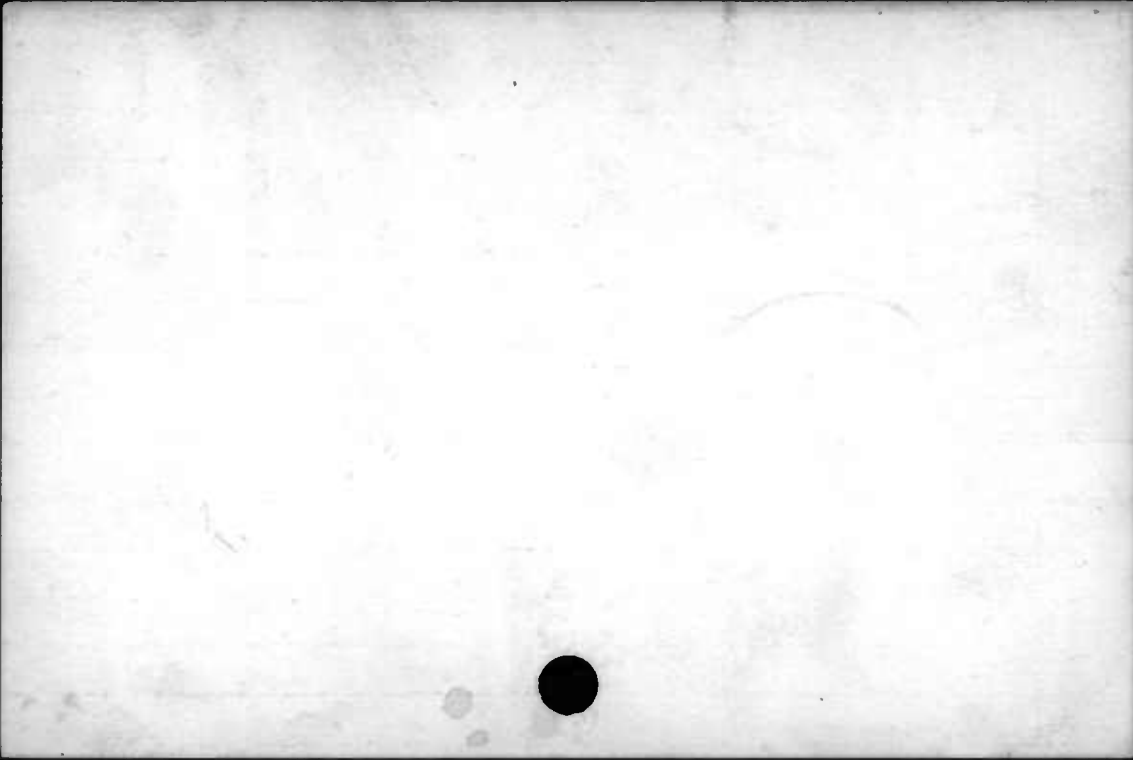
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Midland		County Allegany		MARYLAND	
Date of death 1903	Month Sept	Day 11	Age 66	Year 3	Months 6	Days 6	
Sex Female	Color or Race White		Birth- place Shade Mill				
Married, Single or Widowed Widow			Occupation Housewife				
Name of Wife or Husband John Caton							
Father's Name Eliie Ravenscroft				Father's Birthplace Blackbark			
Mother's Maiden Name Sarah Shiker				Mother's Birthplace Barton			
Name of person giving In formation Thomas J Caton				How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cardiac insufficiency	How long Several years
Immediate Emphysema	How long About 30 minutes
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician A. J. Smith
	Address Midland
Accident or Sulcide? —	M ^d



Name in Full

Certificate of Death

Sarah A. Cessna

Town

County

Died at Cressyton

Allegany

MARYLAND

Date 1903 ^{Month} Sept ^{Day} 23 ^{Y.} ^{M.} ^{D.} Age 42 ^{Native of} Penna. ^{Occupation} Housewife
^{Male} ^{White} ^{Married} ^{Widow} ^{Divorced}
^{Female} ^{Colored} ^{Single} ^{Widower} Number of children living 10

Husband of William, C. Cessna
 Wife of Jacob Smith
 Father's Name Mother's Name Catherine Smith

Cause of Death { Primary Confinement
 Immediate Post Partum Hemorrhage
 How long sick 24 Hrs
 Accident, Suicide, Homicide

Reported by C. L. Cunningham M.D.
 Address Cressyton Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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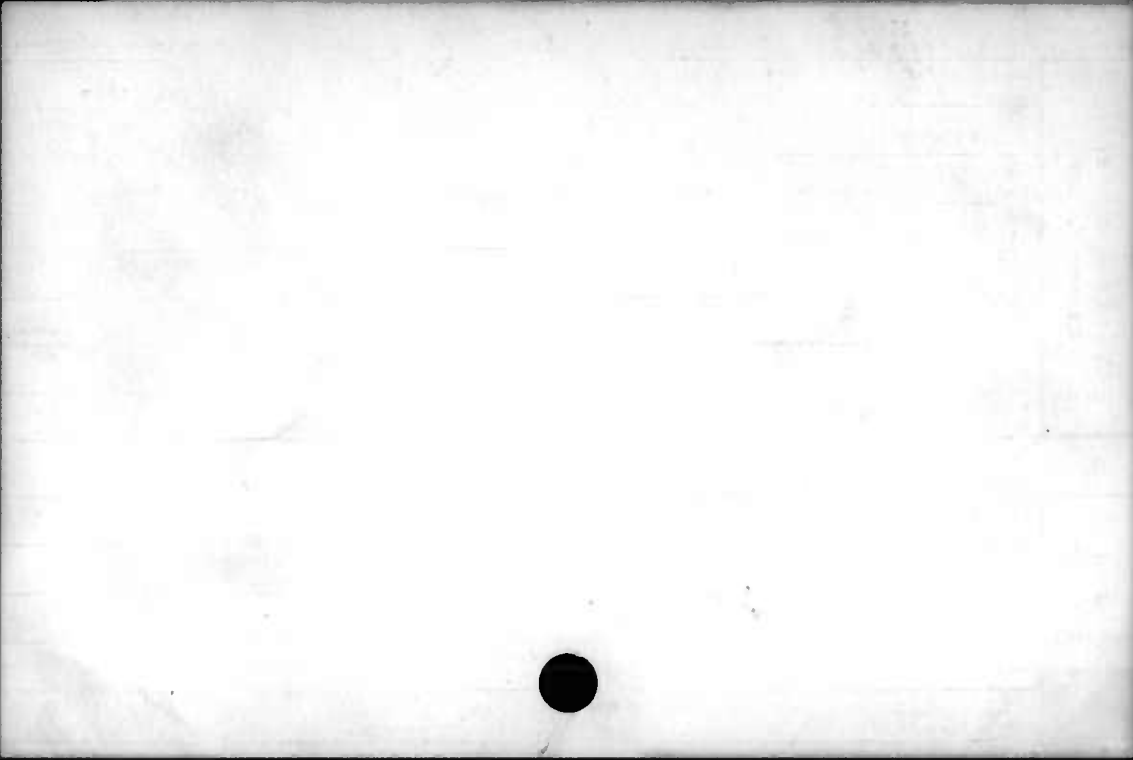
Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Name in Full <i>William Franklin Clay</i>		Town <i>Quinn</i>		County <i>Alle</i>		MARYLAND	
Died at <i>Quinn</i>		Month <i>Oct</i>		Day <i>30</i>		Years <i>2</i>	
Date of death <i>1903</i>		Month <i>Oct</i>		Day <i>30</i>		Years <i>2</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>		Months <i>2</i>	
Occupation		Where Residing if not at place of death		Days			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Thomas Clay</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Elizabeth Potts</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving Information <i>Thomas Clay</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

Primary <i>Have not seen above cause</i>		How long <i>for two months</i>	
Immediate <i>Probably Marasmus</i>		How long <i>two months</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. M. Jackson</i>	
		Address 	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month		Day		Age	
of death 1903		Sept		19		Years	
Sex		Color or Race		Birth-place		Months	
Male		White		Lonaconing		8	
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		Frederick Clupp		Father's Birthplace		Lonaconing	
Mother's Maiden Name		Lucy Coleman		Mother's Birthplace		Lonaconing	
Name of person giving information		Frederick Clupp		How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Capillary Bronchitis	How long	3 days
Immediate	Pneumonia	How long	24 hrs.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		W. Q. Skilling	
		Address	
		Lonaconing	
Accident or Suicide?			



Name
in
Full

Still born Infant of W. W. Cowgill (Cow-),
 Town Cumberland County Allegany MARYLAND

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at **Cumberland** Town **Allegany** County **MARYLAND**

Date of death **1903** Month **Sept** Day **10** Age **—** Years **—** Months **—** Days **✓**

Sex **Male** Color or Race **White** Birth-place **Cumberland**

Occupation **Infant** Where Residing if not at place of death **—**

Married, Single or Widowed **Single** Name of Wife or Husband **—**

Father's Name **W. W. Cowgill** Father's Birthplace **Unknown**

Mother's Maiden Name **—** Mother's Birthplace **Unknown**

Name of person giving Information **W. W. Cowgill** How related to deceased **Father**

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary **Still born** How long **—**

Immediate **—** How long **—**

Are the name, age, sex, color, date and place correctly given above? **yes**

Signature of Physician **W. W. Wiley** Address **Cumberland**

~~Accident or Suicide?~~ **MD**



Name
in
Full

CERTIFICATE OF DEATH

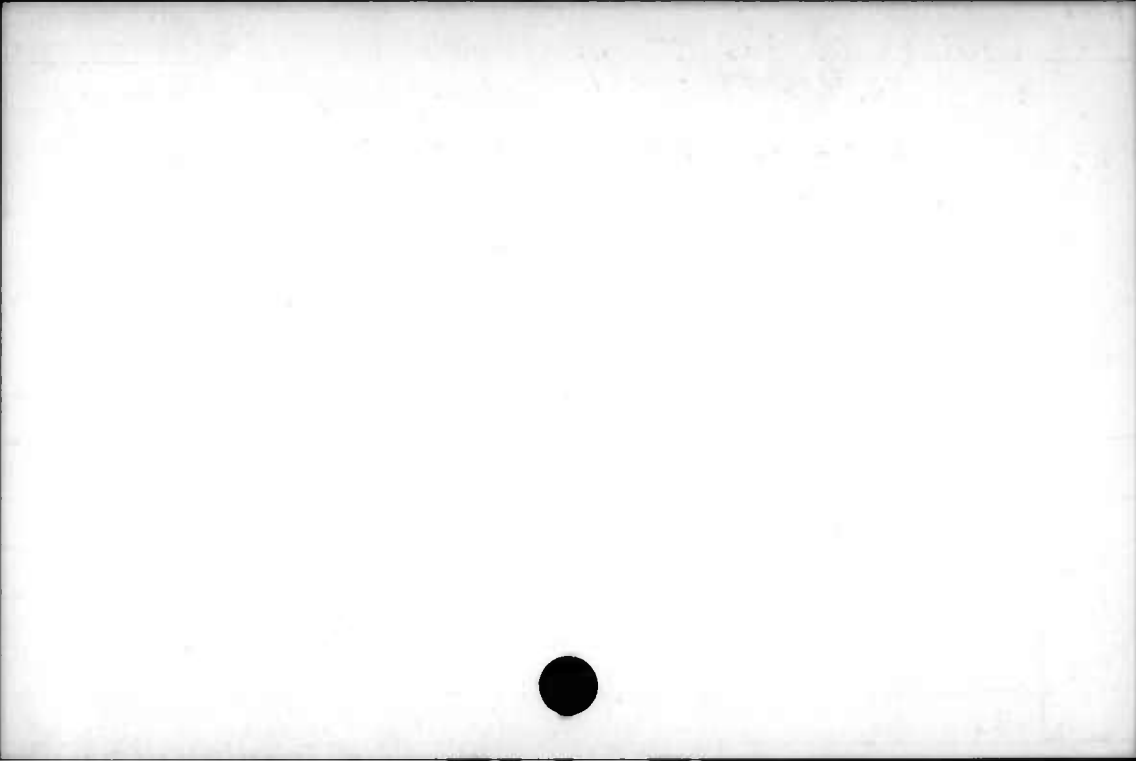
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumby</i> Town		County <i>Allegheny</i>		MARYLAND		
Date of death <i>1903</i>	Month <i>Sept</i>	Day <i>13</i>	Age <i>1</i>	Years <i>1</i>	Months <i>2</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Cumby</i>			
Occupation <i>Nothing</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>				
Father's Name <i>Charlie Davis</i>			Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Spitznagel</i>			Mother's Birthplace <i>Ind</i>			
Name of person giving Information <i>Maides</i>			How related to deceased <i>None</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Inanition</i>	How long <i>Several weeks</i>
Immediate <i>Cerebral hemorrhage</i>	How long <i>few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. [unclear]</i>
	Address <i>[unclear]</i>
Accident or Suicide?	



Name
in
Full

Ralph Evans

CERTIFICATE OF DEATH

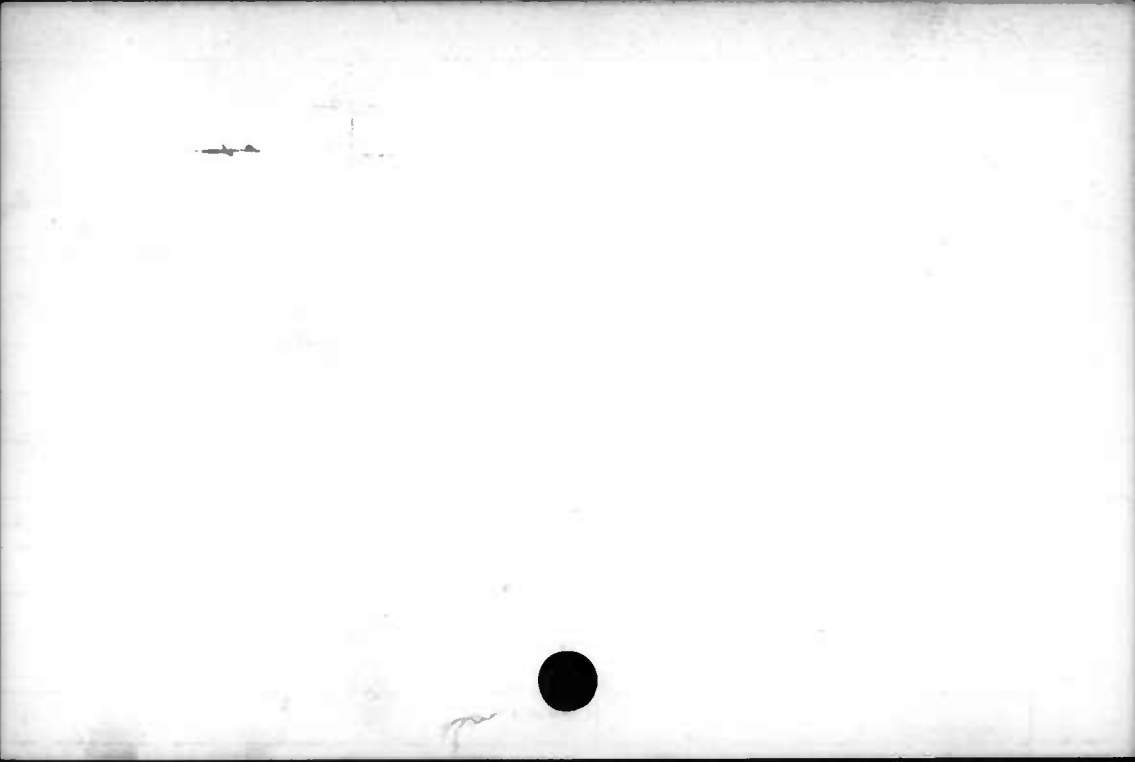
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>So Cumberland</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	<i>Sept.</i> ^{Month}	<i>3</i> ^{Day}	Age <i>3</i> ^{Years}	<i>7</i> ^{Months}	<i>22</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Thomas H Evans</i>			Father's Birthplace <i>Pa</i>		
Mother's Maiden Name <i>Mary L Rummel</i>			Mother's Birthplace <i>Pa</i>		
Name of person giving information <i>Mother</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Scalds</i>	How long <i>1 da</i>
Immediate <i>Exhaustion</i>	How long <i>1 da</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. L. Broadnup MD</i>
	Address <i>100 Va ave</i>
Accident or Suicide? <i>accident</i>	<i>Cumberland Md</i>



Name
is
Full

Farrall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mt. Spross</u> ^{Town}		<u>Allegheny</u> ^{County}		MARYLAND	
Date of death 190	<u>3</u> ^{Month}	<u>11</u> ^{Day}	Age <u> </u> ^{Years}	<u> </u> ^{Months}	<u> </u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Mt. Spross, Md.</u>		
Married, Single or Widowed <u> </u>			Occupation <u> </u>		
Name of Wife or Husband <u> </u> ¹⁵²					
Father's Name <u>William Michael Farrall</u>			Father's Birthplace <u>Mt. Spross, Md.</u>		
Mother's Maiden Name <u>Ruth Porter</u>			Mother's Birthplace <u>Mt. Spross, Md.</u>		
Name of person giving information <u>W.M. Farrall</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Evidently from close confinement</u>	How long <u> </u>
Immediate <u> </u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Edward Qualls</u>
	Address <u>Mt. Spross, Md.</u>
Accident or Suicide? <u> </u>	



Name
in
Full

Templeton Gephart.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Cumberland</i> ^{Town}		<i>Allegany</i> ^{County}			
Date of death 1903	<i>Sept</i> ^{Month}	<i>24</i> ^{Day}	Age <i>49</i> ^{Years}	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Pennsylvania</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Baggage-master</i>		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Murder by Requisition</i>	How long
Immediate <i>Execution</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>P. B. M. Donacy M.D.</i>
	Address <i>Cumberland Md.</i>
Accident or Suicide?	



Name
in
Full

48

CERTIFICATE OF DEATH

Estella Gerlock

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Threlbury* Town *Ally* County *MARYLAND*

Date of death *1903* Month *Sep* Day *28* Age *28* Years Months Days

Sex *F* Color or Race *W* Birth-place *Threlbury*

Occupation *Housewife* Where Residing if not at place of death

Married, *Single* or Widowed Name of Wife or Husband *Phillip Gerlock*

Father's Name *John Tiley* Father's Birthplace *England*

Mother's Maiden Name *Warn* Mother's Birthplace *Threlbury*

Name of person giving Information *Self* How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Typhoid Fever* How long *Six weeks*

Immediate *Intest. Hemorrhage* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. Griffith*

Address *Threlbury Md*

Accident or Suicide?

GM

Albany County -

Name
in
Full

Margaret Gorman

CERTIFICATE OF DEATH

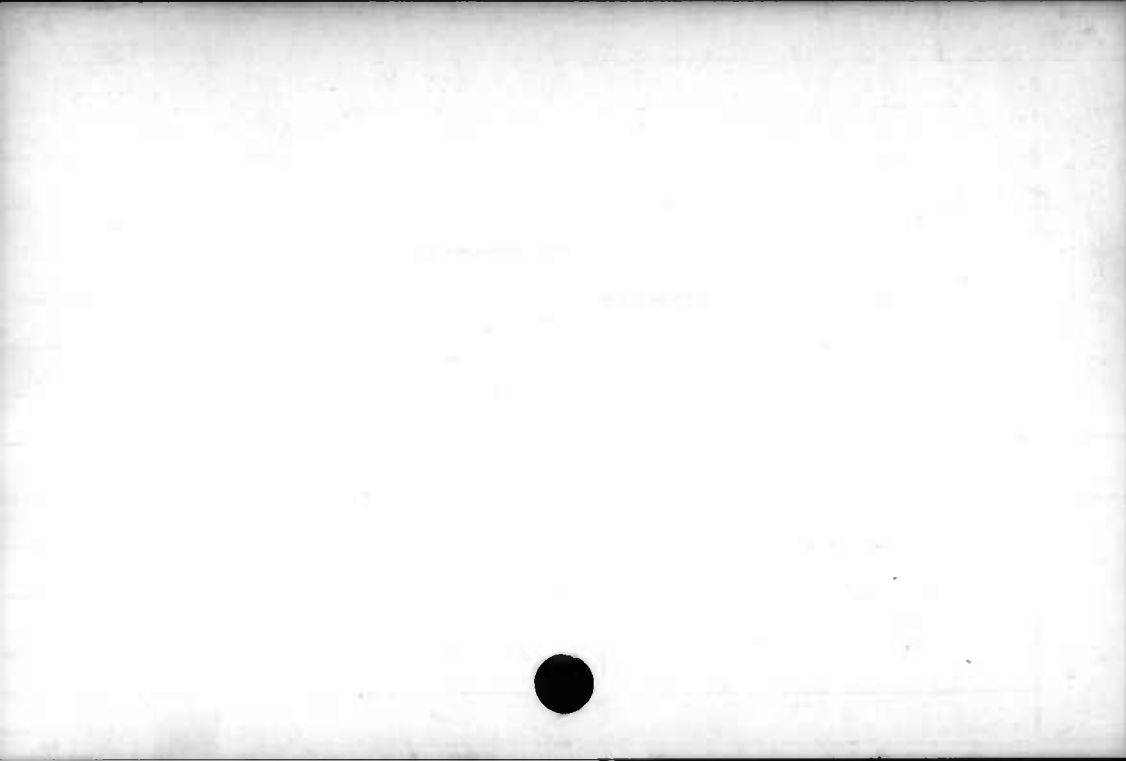
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Punchtown</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death	<i>1903</i>	Month	<i>Sept</i>	Day	<i>23</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Age	<i>52</i>
Occupation	<i>Housework</i>	Where Residing if not at place of death	<i>—</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>John Gorman</i>		
Father's Name	<i>John Gorman</i>			Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>3 years</i>
Immediate	<i>Apoplexy</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Thos. A. Cooney, M.D.</i>
		Address	<i>Punchtown</i>
Accident or Suicide?			<i>See.</i>



Name in Full

Certificate of Death

John C Grome

Town

County

Died at

Cumberland Allegany

MARYLAND

Date 19

Month	Day	Y.	M.	D.	Native of	Occupation
Sept	13					

Age

13

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Peritonitis

How long sick

6 days

Death

Immediate

Shocked from operation

Accident, Suicide, Homicide

Reported by

B. C. Miller

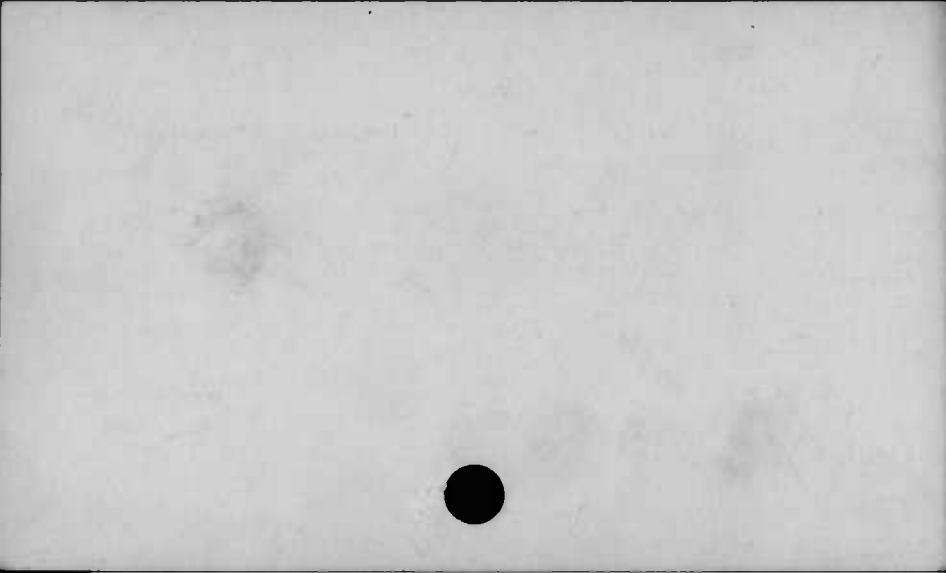
Address

Cumberland

M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Name
in
Full

Bernhardt Samtenberg

CERTIFICATE

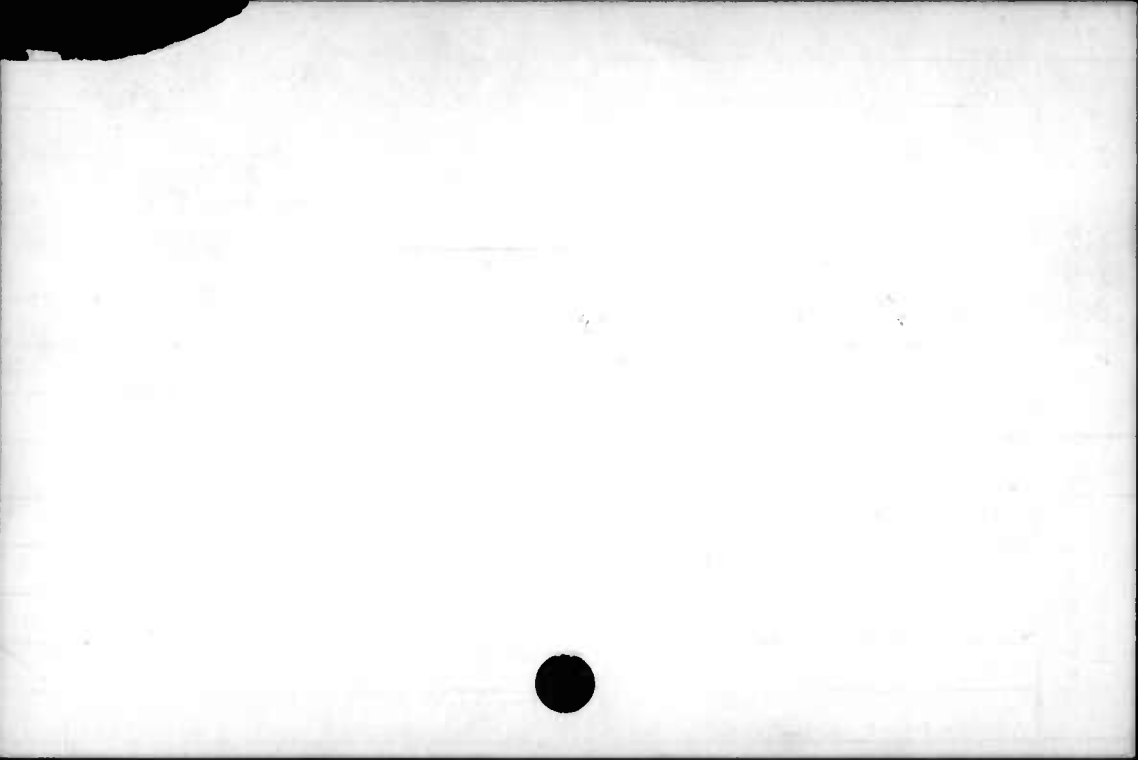
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Camden</i>		County <i>Allegheny</i>		MARYLAND	
Date of death	1903	Month	Sept	Day	22
Age		Years		Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>	
Occupation <i>Sailor</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband			
Father's Name <i>-</i>		27		Father's Birthplace	
Mother's Maiden Name <i>-</i>				Mother's Birthplace	
Name of person giving Information <i>Mrs Samtenberg</i>				How related to deceased <i>Wife</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis of lungs</i>	How long	<i>about 1 year</i>
Immediate	<i>asthenia</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. H. Houshney</i>	
		Address <i>Camden</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1903

Sept

21

Age

-

-

-

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Dominick Habig

Father's
Birthplace

Germany

Mother's
Maiden Name

Mary Shugmaier

Mother's
Birthplace

Md

Name of person giving
Information

Dominick Habig

How related
to deceased

CAUSES OF DEATH

Primary

Stillborn

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

H. C. Hodge

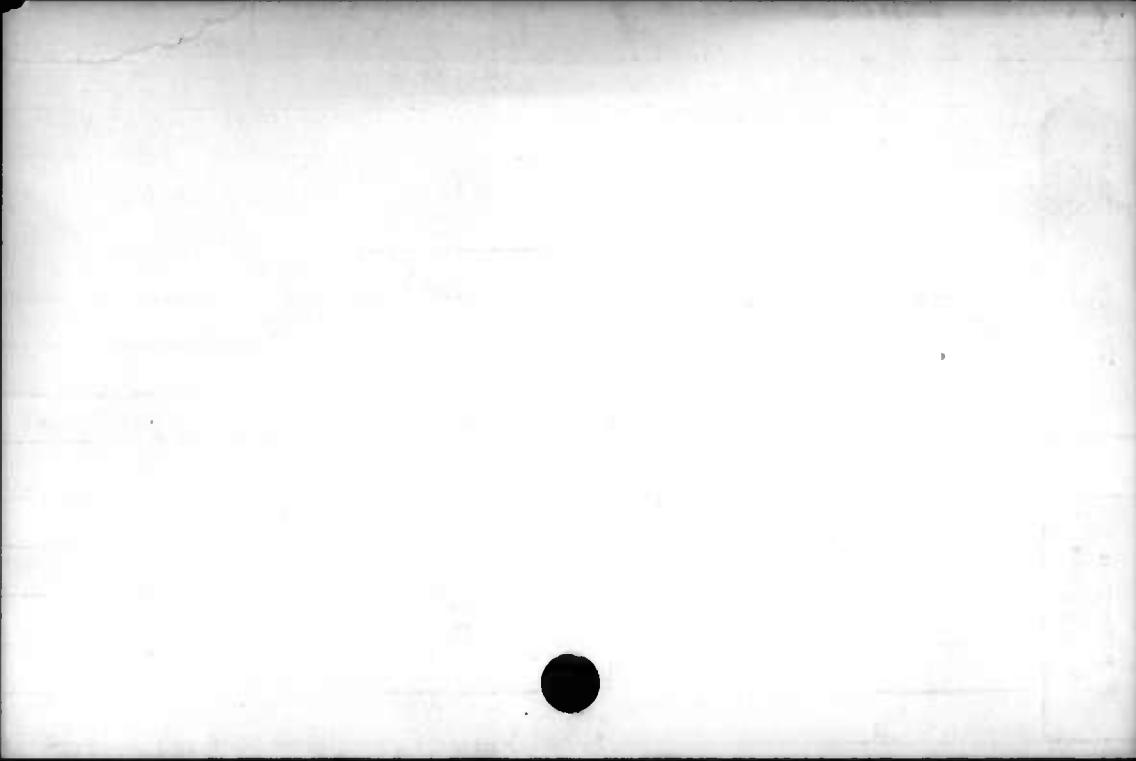
Address

Cumberland Md

Accident or Suicide?

Dr Hodge

PHYSICIAN
OR CORONER



Virgen Marie Hartman
 Town County

Died at

Cumt d

County

all

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Sp. 3.

Age

9 mo.~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband of

Wife

Father's Name

R J Hartman

Mother's

Maiden Name

Sarah Jane

Cause of

Primary

Acute indigestion

How long sick

one week

Death

Immediate

Convulsion~~Accident, Suicide, Homicide~~

Reported by

W. W. Wiley.

Address

Cumt d is sub.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Mr. O. the Hewitt.

CERTIFICATE OF DEATH

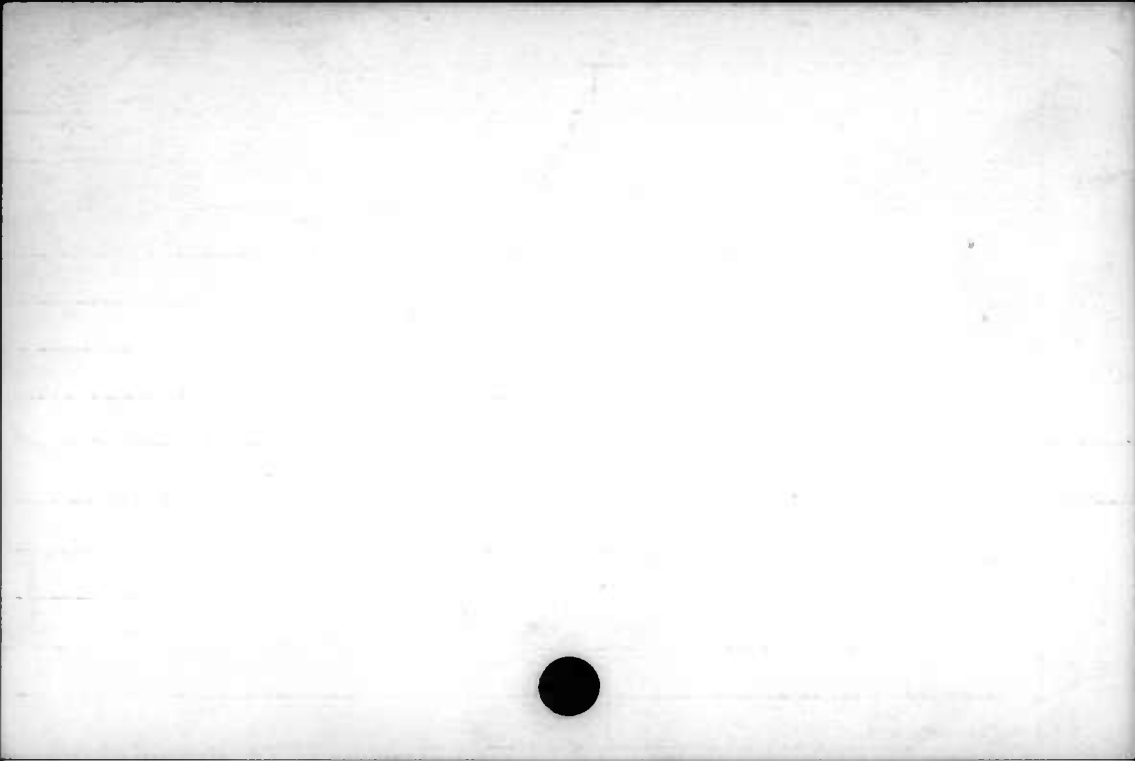
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtland</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	<i>Sept.</i> ^{Month}	<i>20</i> ^{Day}	Age <i>70</i> ^{Years}	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place	
Married, Single or Widowed <i>Married</i>			Occupation <i>Contractor</i>		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Fracture of skull</i>	How long <i>2 days</i>
Immediate <i>Coma, (traumatic).</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>James J. Johnson</i>
	Address
Accident or Suicide?	



Name
in
Full

Mathemina Horchler

49

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Eckhart Mines ^{County} Allegany ^{State} MARYLAND

Date of death 1903 ^{Month} Sept. ^{Day} 29 ^{Age} 80 ^{Years} ^{Months} X X ^{Days} X

Sex Female ^{Color or Race} White ^{Birth-place} Germany

^{Married, Single or Widowed} ~~Married~~ ^{Occupation} Housewife Housewife

Name of Wife or Husband Morrick Horchler

Father's Name X Ritz ^{Father's Birthplace} Germany

Mother's Maiden Name X X ^{Mother's Birthplace} "

Name of person giving information Henry Meyer ^{How related to deceased} Son-in-law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Old age ^{How long}

Immediate ^{How long}

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dr. Amwell M. S.

Address Eckhart Mines

Accident or Suicide? No.

G. B. M.

Allegheny County -

Name in Full

Certificate of Death

36

Died at

Town

County

MARYLAND

Date 1903

Month

Day

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife of

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

2 1/2 weeks

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY OF CONGRESS



Name
in
Full

infant of Joseph Klanan

CERTIFICATE OF DEATH

Died at

bunktown

County

Avery

MARYLAND

Date

of death 190

Month

9

Day

21

Age

Years

Months

Days

3

Sex

Male

Color or
Race

White

Birth-
place

bunk

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Joseph Klanan

Father's
Birthplace

Prussia

Mother's
Maiden Name

Esther Platt

Mother's
Birthplace

Prussia

Name of person giving
Information

Joseph Klanan

How related
to deceased

Father

CAUSES OF DEATH

Primary

Cyanosis

How long

Immediate

Cyanosis

How long

one day

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

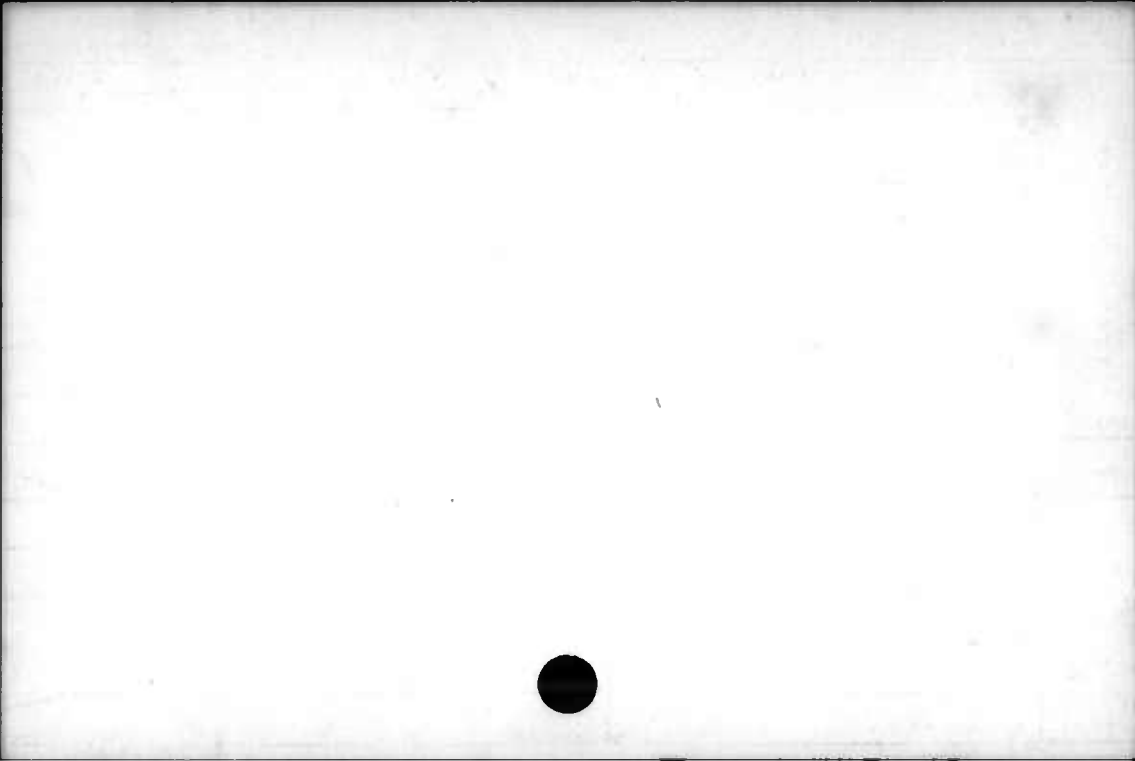
Address



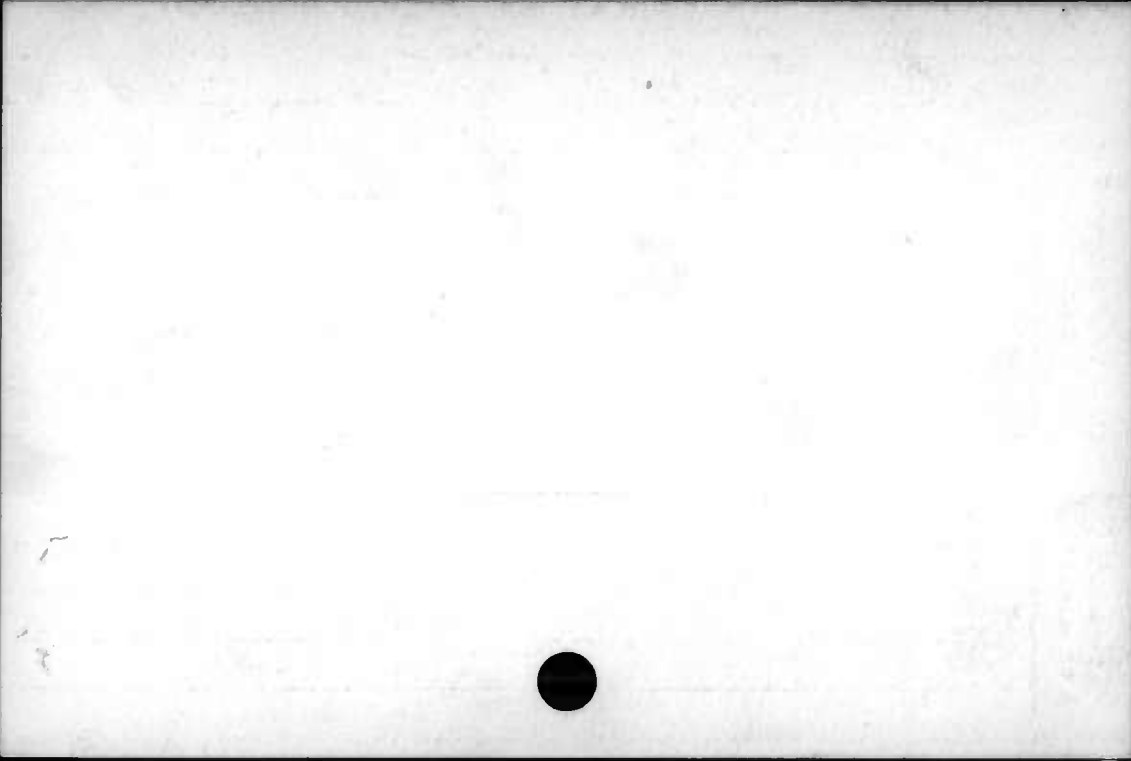
J. J. [Signature]

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Town		County		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Cumtland</i>		<i>Rhine</i> <i>Allegheny</i>		MARYLAND	
		Date of death 190 <i>3</i>	Month <i>Sept</i>	Day <i>22</i>	Age <i>—</i>	Months <i>—</i>	Days <i>1</i>
		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Cumtland</i>	
		Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
		Name of Wife or Husband <i>—</i>					
		Father's Name <i>Geo. L. Rhine</i>			Father's Birthplace <i>W. Va.</i>		
		Mother's Maiden Name <i>Annie French</i>			Mother's Birthplace <i>W. Va.</i>		
PHYSICIAN OR CORONER		Name of person giving information <i>—</i>			How related to deceased <i>Son</i>		
		CAUSES OF DEATH					
		Primary <i>Immature Birth (6 mo.)</i>			How long <i>1 day</i>		
		Immediate <i>Ephemia</i>			How long <i>—</i>		
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>			Signature of Physician <i>Geo. L. Broadus</i>		
					Address <i>Cumtland</i>		
		Accident or Suicide? <i>No</i>			<i>Ind.</i>		



Name
in
Full

CERTIFICATE OF DEATH

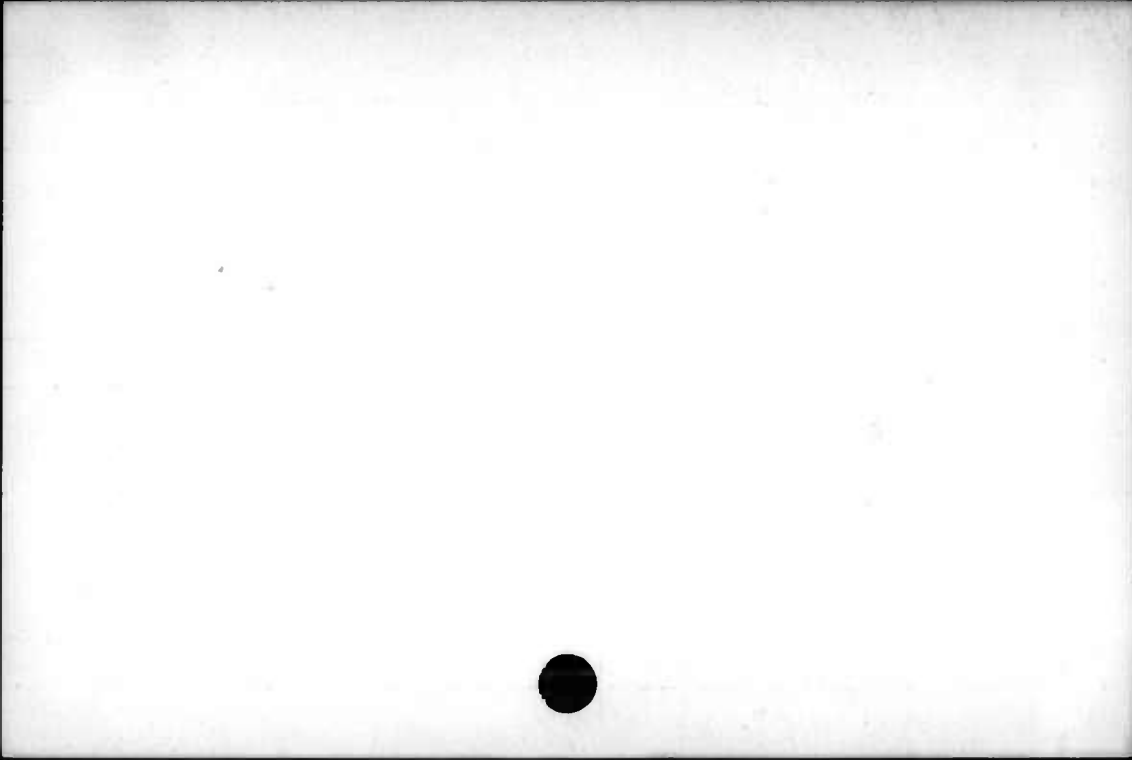
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Laurens</i>		Town <i>Laurens</i>		County <i>Callegany</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Sept</i>	Day <i>21</i>	Age	Years	Months	<i>2 hours</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Laurens</i>				
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>William Laupp</i>				Father's Birthplace <i>Laurens</i>			
Mother's Maiden Name <i>Ann Wilson</i>				Mother's Birthplace <i>Laurens</i>			
Name of person giving information <i>Ann Wilson</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Perinatal Death</i>	How long
Immediate <i>Mercury Cyanide</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. B. Skilling</i>
	Address <i>Laurens</i>
Accident or Suicide? <i>_____</i>	



Name
in
Full

Harvey Lashley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumbersland</u> <small>Town</small>		<u>Alleghany</u> <small>County</small>		MARYLAND	
Date of death <u>1903</u>	Month <u>9</u>	Day <u>14</u>	Age <u>21</u>	Years <u>21</u>	Months <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Md</u>			
Occupation <u>Brakeman</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name	176.			Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information <u>Dr. Claybrook</u>			How related to deceased <u>not at all</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Ry accident</u>	How long	<u>12 hours</u>
Immediate	<u>Shock</u>	How long	<u>12 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>J. M. Spear</u>	
		Address <u>Cumbersland Md</u>	
Accident or Suicide			



Name

is
in

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Alice Leace</i>		Town <i>Crumblana</i>		County <i>Allegheny</i>		State <i>MARYLAND</i>	
Died at <i>Crumblana</i>		Date of death 1903		Month <i>Sept</i>		Day <i>19th</i>	
Age <i>18</i>		Years <i>18</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place		Occupation	
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>Unknown</i>				Father's Birthplace <i>Allegheny</i>			
Mother's Maiden Name <i>Mary G. Criss</i>				Mother's Birthplace <i>W. Va.</i>			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Child birth</i>		How long	
Immediate <i>Septicemia</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Wickell</i>	
		Address <i>Crumblana</i>	
		<i>W. Va.</i>	
Accident or Suicide?			



Name
in
Full

James Wm Leonard Leonard

CERTIFICATE OF DEATH

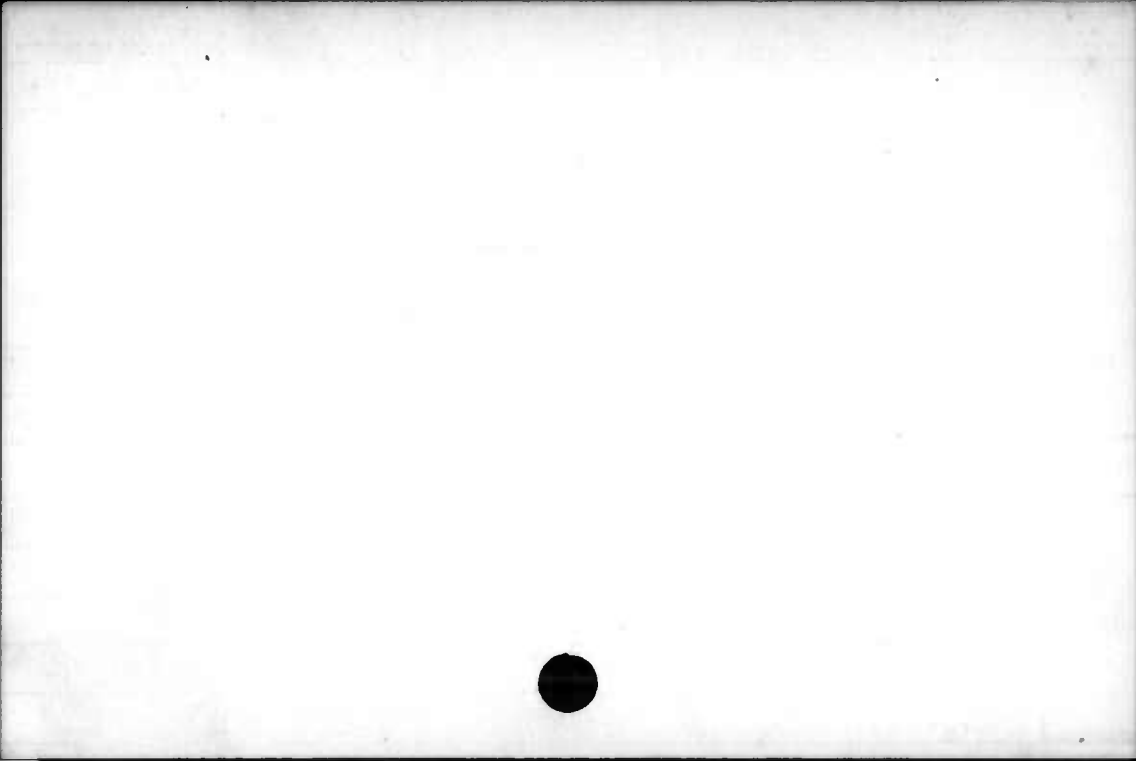
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town buntol		County acegh		MARYLAND	
Date of death	1903	Month Sept	Day 28	Age	Years —	Months 5	Days —
Sex	Male		Color or Race	White		Birth- place	buntol
Occupation	—			Where Residing if not at place of death —			
Married, Single or Widowed	—		Name of Wife or Husband —				
Father's Name	Ralph Leonard Leonard					Father's Birthplace	buntol
Mother's Maiden Name	Florence Sanders					Mother's Birthplace	buntol
Name of person giving Information	—					How related to deceased	mother.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Inanition	How long	7 weeks
Immediate	Spasms	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. B. B. B. B.
		Address	Cement Mt
Accident or Suicide?	—		Dr. B. B. B.



Name
in
Full

William Lucas

CERTIFICATE OF DEATH

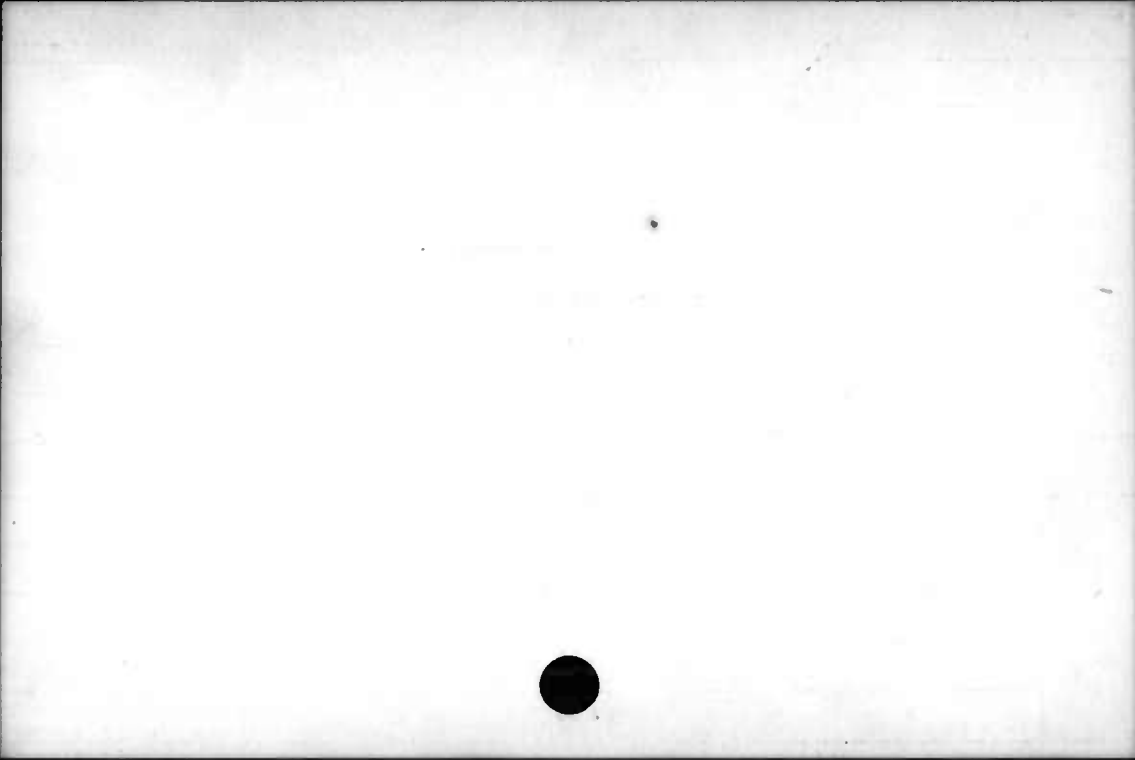
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> ^{Town}		<i>Allegany</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	<i>Sept.</i> ^{Month}	<i>13</i> ^{Day}	<i>4</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Va.</i>		
Occupation <i>Hackman</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband				
Father's Name	<i>121</i>			Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Exposure - Bright's disease</i>	How long	<i>many years</i>
Immediate	<i>Nephritis</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. H. Stansbury</i>	
		Address <i>Cumberland Md</i>	
Accident or Suicide?			



Name
in
FullMargaret M. M. Cullough
Cumberland Allegany

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death 190

3

Month

Sept

Day

18

Age

85

Years

Months

4

Days

Sex

Female

Color or
Race

White

Birth-
place

Cumberland Md

Married, Single
or Widowed

Widow

Occupation

House-keeper

Name of
Husband

Wm. B. M. Cullough

Father's
Name

Robert M. Clary

Father's
Birthplace

Ireland

Mother's
Maiden Name

Twelfley

Mother's
Birthplace

Ireland

Name of person giving
information

Mrs. J. Winters

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Organic Heart Disease

How long

Some years

Immediate

Fall down steps

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

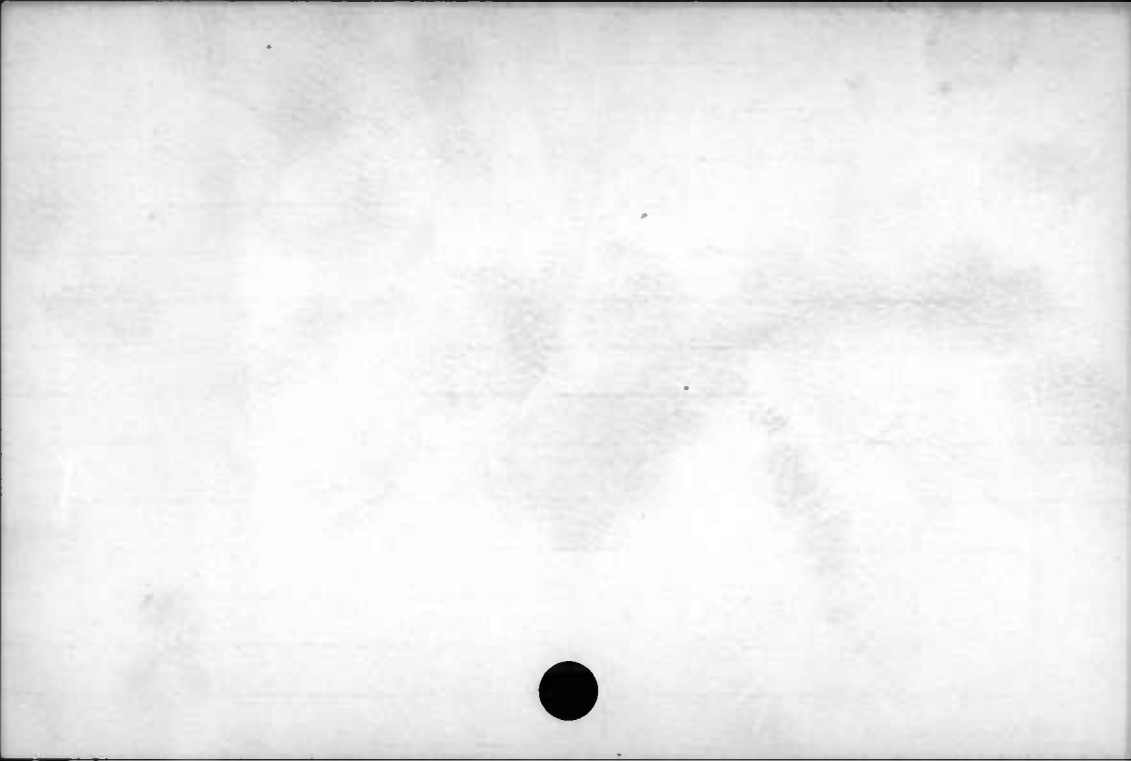
Signature of
Physician

Address

E. J. Duke
Cumberland, Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mrs Harland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> Town		<i>Allegany</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Sept</i>	Day <i>17</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Cumberland Md</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>William H. McFarland</i>			Father's Birthplace <i>N. Va</i>		
Mother's Maiden Name <i>Josephine C. Miller</i>			Mother's Birthplace <i>Pa.</i>		
Name of person giving information <i>Parents</i>			How related to deceased <i>Parents</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature Birth (about 7th Mo)</i>	How long <i>12c</i>
Immediate <i>Exhaustion</i>	How long <i>12a</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. L. Broadus</i>
	Address <i>Cumberland Md.</i>
Accident or Suicide? <i>No</i>	



Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1903		7	9			6	
Sex		Color or Race		Birth-place			
Male		White		—			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		105.				Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		How long	
Cholera Infantum		1 week	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

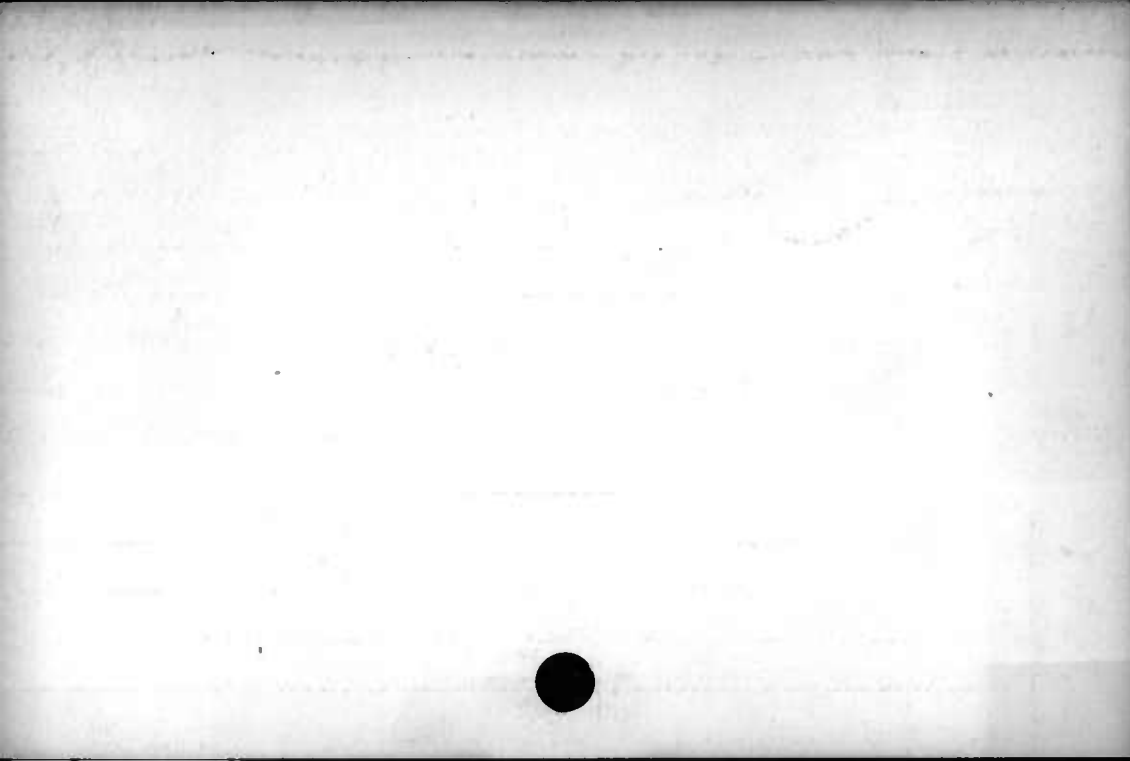
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Cumberland</i>		County <i>Allegheny</i>		MARYLAND	
Date of death 190	3	Month <i>Sept</i>	Day <i>16</i>	Age <i>79</i>	Years	Months <i>2</i>	Days <i>17</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Franklin Co Pa.</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Wagonmaker</i>					
Name of Wife or Husband <i>Sarah Burk Melling</i>							
Father's Name <i>~</i>		66.		Father's Birthplace <i>~</i>			
Mother's Maiden Name <i>~</i>				Mother's Birthplace <i>~</i>			
Name of person giving information <i>Wm G Melling</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hemiplegia</i>	How long <i>3 hrs</i>
Immediate <i>Exhaustion</i>	How long <i>immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. L. Broadbent</i>
	Address <i>100 Va Ave Cumberland Md.</i>
Accident or Suicide? <i>No</i>	



Victor Messman
 Town County
 Died at *Cumberland Allegany* MARYLAND

Date 1903 *9* *13* Month Day Y. M. D. *Amld.* Native of Occupation
 Male White Married ~~Widow~~ Divorced
 Female Colored Single ~~Widower~~ Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name *172*

Cause of Primary

How long sick

Death Immediate

Drowned

Accident, Suicide, Homicide

Reported by

*Coroner**W. J. Corner*

Address

*Amld. M.**Coroner*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Mary Mohan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Ocean</u> Town		County <u>Allegany</u>			
Date of death 1903	Month <u>Sept</u>	Day <u>10</u>	Age <u>56</u> Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Ireland</u>		
Married, Single or Widowed <u>Married</u>		Occupation <u>Housewife</u>			
Name of Wife or Husband <u>James Mohan</u>					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Typhoid — Fever</u>	How long <u>3 weeks</u>
Immediate <u>Angina</u>	How long <u>5 minutes</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>A. G. Smith</u>
	Address <u>Midland</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

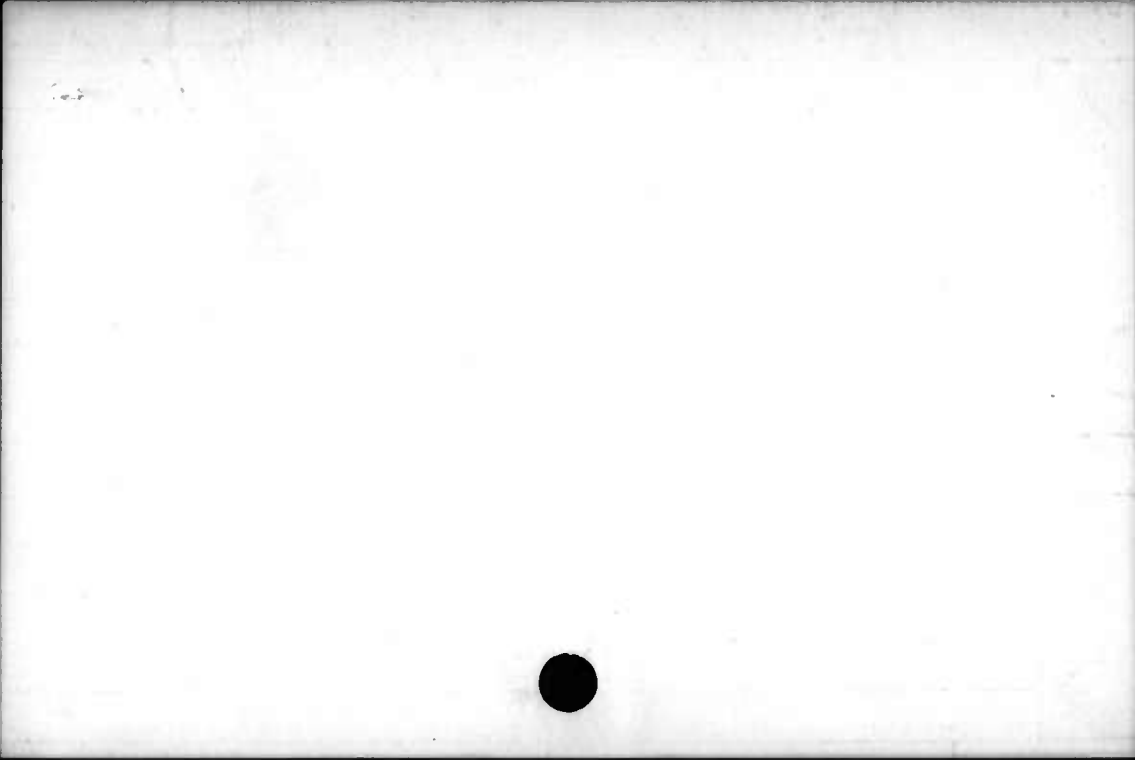
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wm. Murphy</i> <i>Chubb</i> <small>Town</small>		<i>Allegany</i> <small>County</small>		MARYLAND	
Date of death	1903	Month	Sept.	Day	11
Sex	Male	Color or Race	White	Age	87
Occupation	Butcher	Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband			
Father's Name			Father's Birthplace	Ireland	
Mother's Maiden Name			Mother's Birthplace	Ireland	
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	6 day's
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Thos. H. Frank, M.D.</i>		
	Address <i>Chubb</i>		
Accident or Suicide?	No.		



Name
in
Full

T. T. Oliver

CERTIFICATE OF DEATH

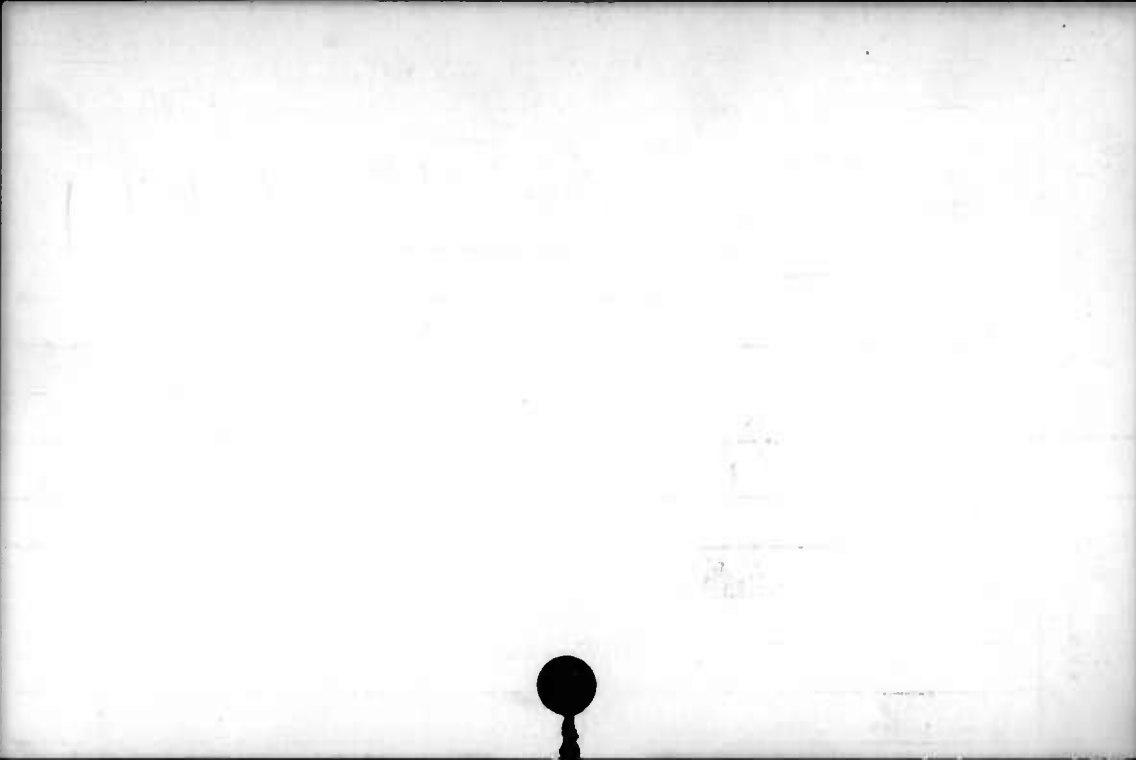
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtland</i> <small>Town</small>		<i>Allegheny</i> <small>County</small>		MARYLAND	
Date of death <i>1903</i>	<i>9</i> <small>Month</small>	<i>6</i> <small>Day</small>	Age <i>1</i> <small>Years</small>	<i>10</i> <small>Months</small>	<i>10</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>W</i>		Birth-place <i>Cumtland</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <i>R. J. Oliver</i>		Father's Birthplace <i>Va</i>			
Mother's Maiden Name <i>Lulu Thornton</i>		Mother's Birthplace <i>Ky</i>			
Name of person giving Information <i>R. J. Oliver</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Brain aneurysm Rupture</i>	How long _____
Immediate <i>Convulsion & Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Sprigg</i>
	Address _____
Accident or Suicide? _____	



Mary Orndorff

Town

County

MARYLAND

Died at

Hospital, Co. assy.

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 *03**9**10*

Age

*40**ma.**House Wife.*~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~

Widower

Number of children living

7

Husband

of

~~Wife~~

Father's

Name

Mother's

Maiden Name

Mary Sarah

Cause of

Primary

Typhoid Fever

How long sick

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

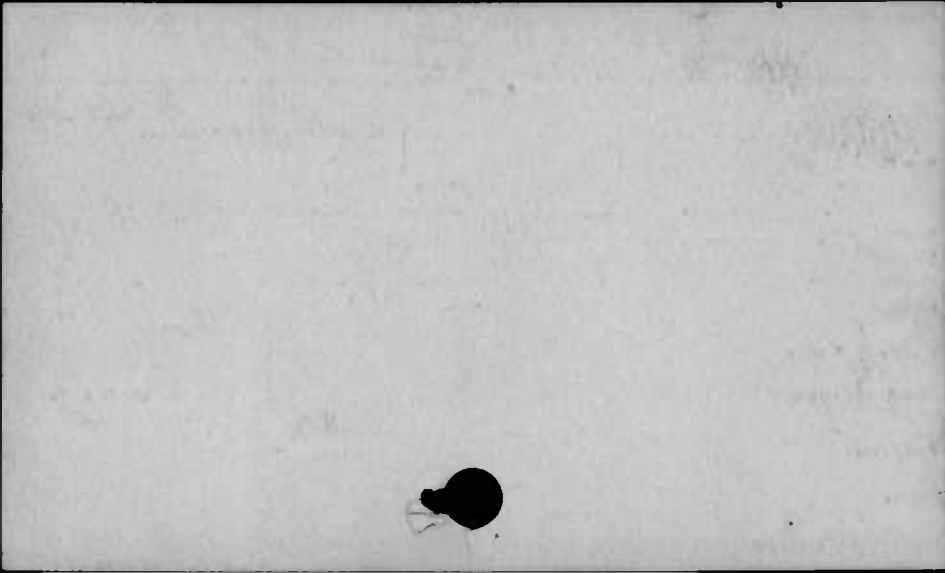
B C Muller

Address

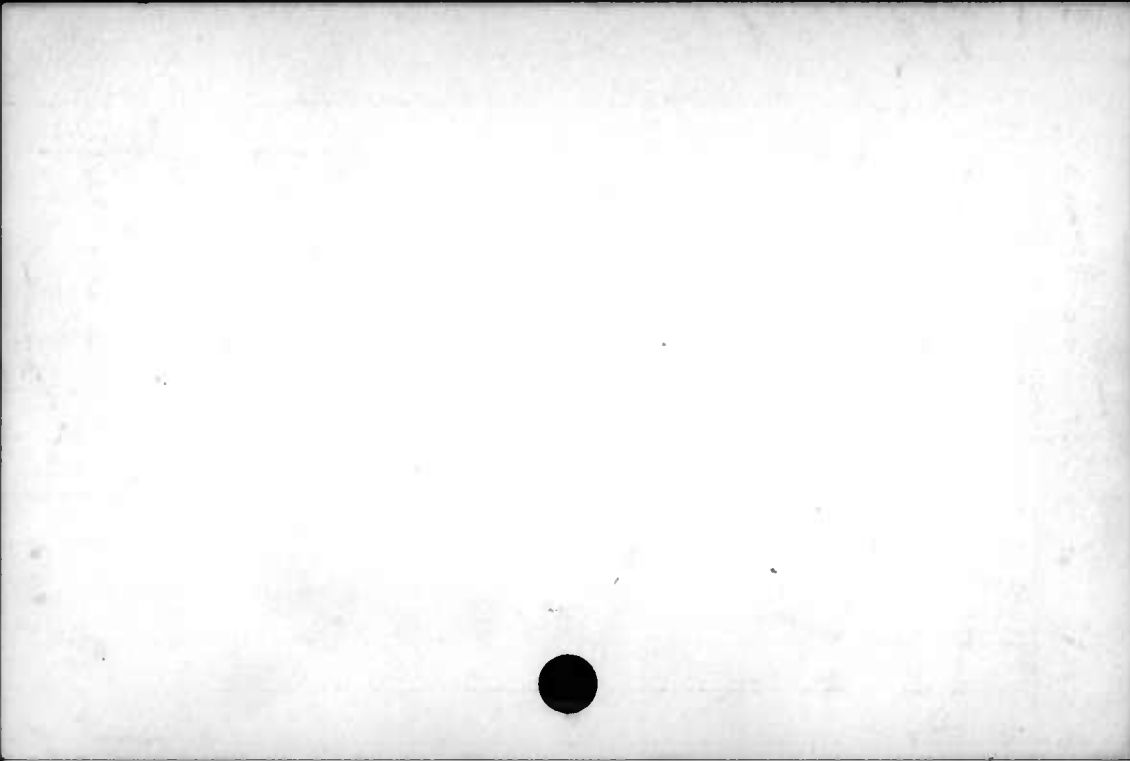
Cumtland

ATTEST
[Signature]
[Signature]

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Robert Orr.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Lonaconing		County Alligany		MARYLAND	
	Date of death 190	3	Sept	13	Age	70	Months —
	Sex	Male		Color or Race	White		Birth-place
	Married, Single or Widowed	Married		Occupation			
	Name of Wife or Husband	Mrs. George					
	Father's Name	D. D. Orr				Father's Birthplace	Scotland
	Mother's Maiden Name	Margaret Patrick				Mother's Birthplace	Scotland
	Name of person giving information	Mrs. Rabb Orr				How related to deceased	Wife
PHYSICIAN OR CORONER	CAUSES OF DEATH						
	Primary	Cancer of Cecum				How long	Four months
	Immediate	Cerebral Thrombosis				How long	2 hours
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
					Lonaconing		
Accident or Suicide?		No					



Name
in
Full

My Wife Pearson


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Cumtland</i>		County <i>Allegheny</i>		MARYLAND	
Date of death	1903	Month	<i>Sept</i>	Day	<i>20</i>	Years	<i>—</i>
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place		<i>—</i>	
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed		<i>Single</i>		Name of Wife or Husband			
Father's Name		<i>Wm Pearson</i>				Father's Birthplace <i>—</i>	
Mother's Maiden Name		<i>Alex Beck</i>				Mother's Birthplace <i>—</i>	
Name of person giving Information		<i>—</i>				How related to deceased <i>—</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long	<i>—</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. F. Trigg</i>	
		Address 	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Allegany</i> County <i>Allegany</i>		MARYLAND	
Date of death 190 <i>3</i> Month <i>Sept</i> Day <i>12</i> Age <i>5-4</i> Years Months Days	Sex <i>Female</i> Color or Race <i>White</i> Birth-place <i>Allegany</i>		
Married, Single or Widowed <i>Married</i> Occupation <i>Housewife</i>			
Name of Wife or Husband <i>Wm Philpot</i>			
Father's Name <i>60</i>	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information <i>Rudolph Nickol</i>	How related to deceased <i>None</i>		

CAUSES OF DEATH

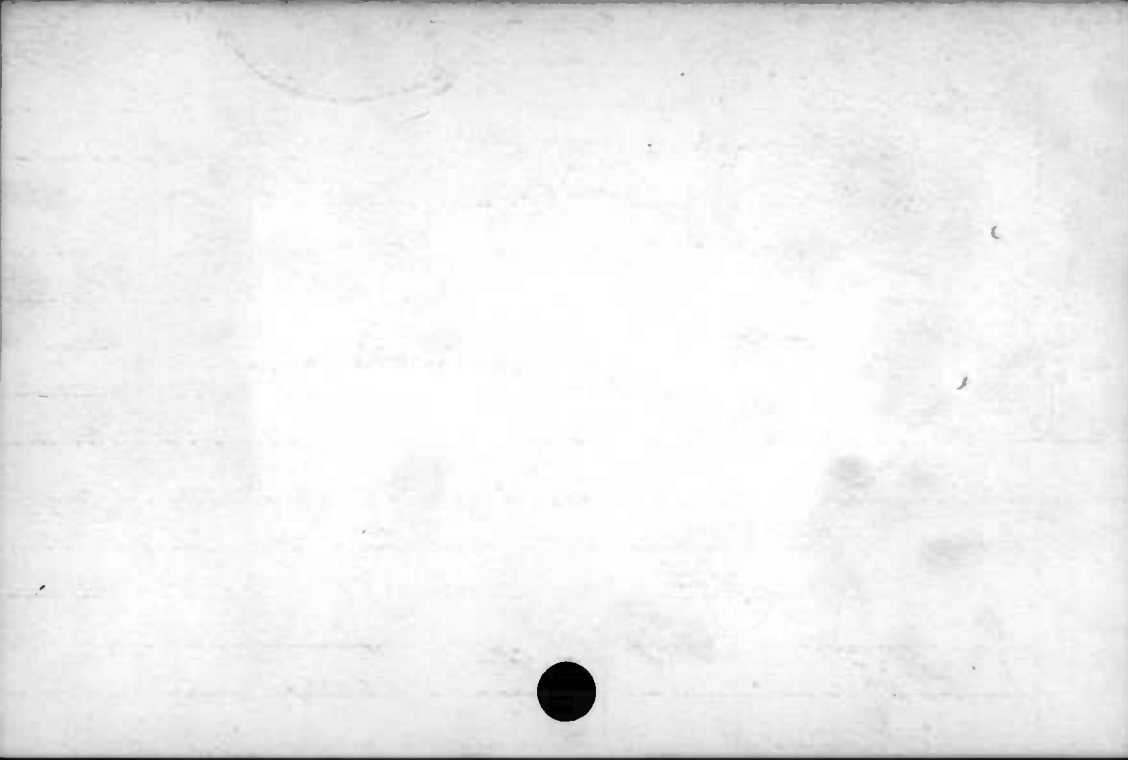
PHYSICIAN
OR CORONER

Primary <i>7</i> <i>Arthritis</i>	How long <i>One month</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. C. Coby</i>
	Address <i>Fortune, Md</i>
Accident or Suicide? <i>No</i>	

C. F. H.

Percy Montford.

Name in Full		John J. Piper				CERTIFICATE OF DEATH									
TO BE ANSWERED BY NEAREST FRIEND		Died at		Cumberland		County		MARYLAND							
		Date of death 1903		Month		Day		Years							
		Sept		15		Age		72							
		Sex		Male		Color or Race		White							
		Married, Single or Widowed		Single		Occupation		Farmer							
		Name of Wife or Husband				Birth-place		Maryland							
		Father's Name		Michael J. Piper		Father's Birthplace		Maryland							
Mother's Maiden Name		Kath. Stimp		Mother's Birthplace		Maryland									
Name of person giving information		Jas H. Piper		How related to deceased		Son									
CAUSES OF DEATH															
PHYSICIAN OR CORONER		Primary				Bright's Disease				How long		1 year			
		Immediate				Bright's Disease				How long		1 week			
		Are the name, age, sex, color, date and place correctly given above?				Yes				Signature of Physician				J. S. Smith M.D.	
										Address				Cumberland Md	
		Accident or Suicide?													



Name
in
Full

Edward James Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Smoking</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>September</i>	Day <i>20</i>	Age <i>21</i>	Months <i>6</i>	Days <i>27</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Smoking Md.</i>			
Married, Single or Widowed <i>Single</i>	Occupation <i>mine labor</i>				
Name of Wife or Husband					
Father's Name <i>John Price</i>			Father's Birthplace <i>Wales</i>		
Mother's Maiden Name <i>Margaret N. Price</i>			Mother's Birthplace <i>Scotland</i>		
Name of person giving information <i>Wallace Price</i>			How related to deceased <i>brother</i>		

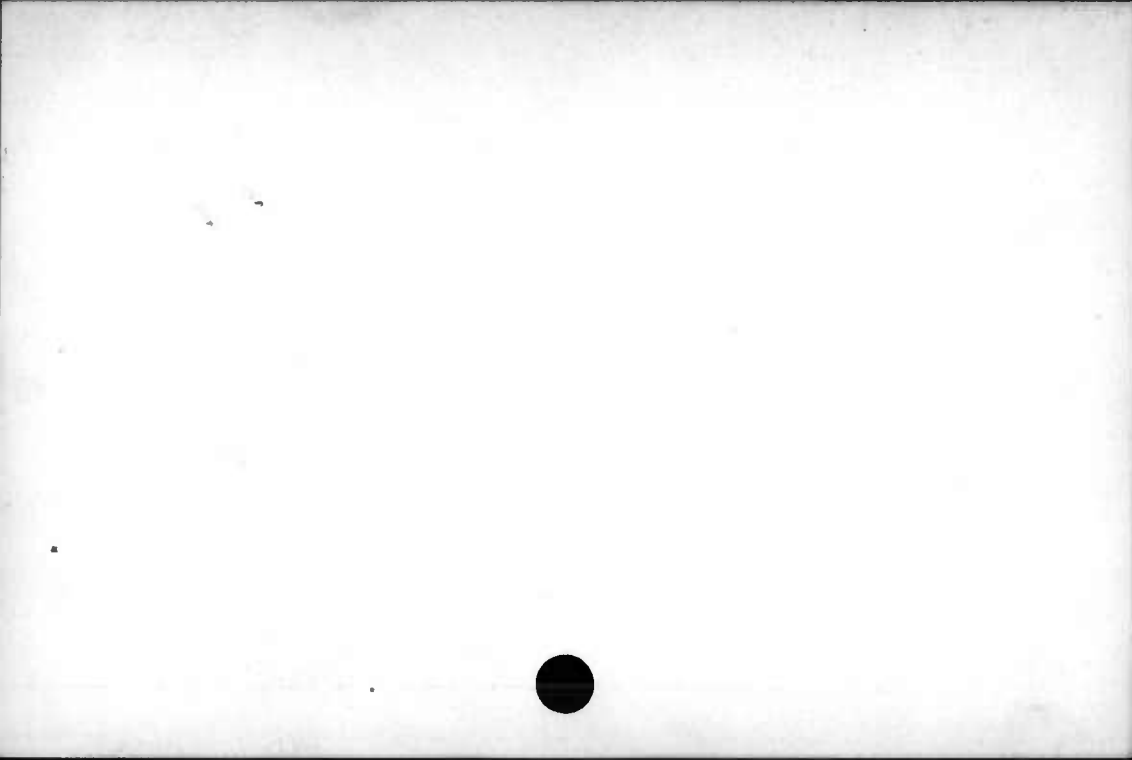
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Sarcoma - Involving right shoulder</i>	How long <i>4 months -</i>
Immediate	<i>Exhaustion</i>	How long <i>one month -</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>James A. Bullock Jr.</i>
		Address <i>Smoking Md.</i>
Accident or Suicide? <i>no</i>		



Name in Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND		Town <i>Lanacoring</i>		County <i>Alligany</i>				
		Died at		MARYLAND				
		Date of death 1903	Month <i>Sept</i>	Day <i>21</i>	Age <i>3</i>	Years <i>8</i>	Months <i>—</i>	Days <i>—</i>
		Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Lanacoring</i>				
		Married, Single or Widowed <i>Single</i>	Occupation <i>None</i>					
		Name of Wife or Husband						
		Father's Name <i>Charles McDonald</i>		Father's Birthplace <i>Scotland</i>				
		Mother's Maiden Name <i>Jane Abbott</i>		Mother's Birthplace <i>Scotland</i>				
		Name of person giving information <i>Mr. David McDonald</i>		How related to deceased <i>Cousin</i>				
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary <i>Extensive burn</i>		How long				
		Immediate <i>Shock</i>		How long <i>Six hours</i>				
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. R. Skilling</i>				
				Address <i>Lanacoring</i>				
		Accident or Suicide? <i>Accident</i>						



Name
in
Full

Anna M. Rankin

47

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hartburg		County Allegany		MARYLAND	
Date of death 1903		Month 9	Day 28	Age Years 24		Months	Days
Sex F		Color or Race W.		Birth- place Md			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name John Rankin				95.		Father's Birthplace Md	
Mother's Maiden Name Elizabeth Stevens						Mother's Birthplace Md	
Name of person giving In formation Father						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		How long	
Congestion of lungs		2 Days	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		H. M. Lane M.D.	
Address			
Accident or Suicide?			

BFH

Name
in
Full

Milton Reckley

CERTIFICATE OF DEATH

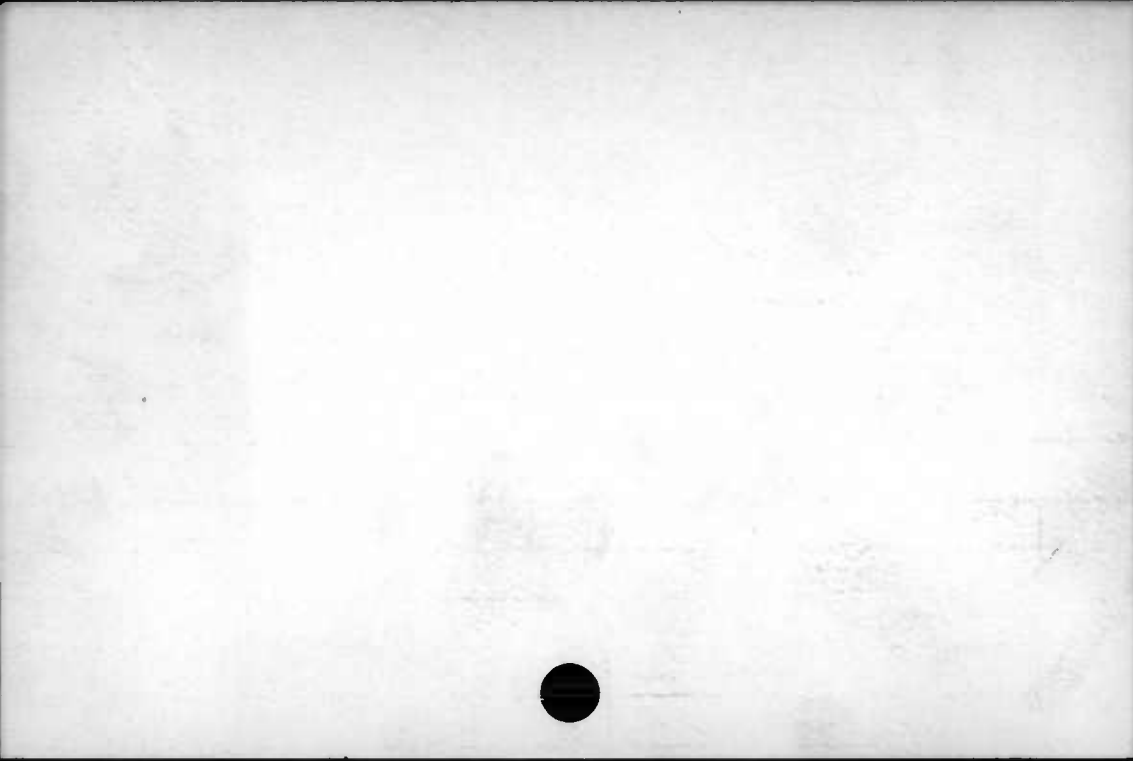
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date	Month	Day	Years	Months	Days		
of death 1903	Sept	3	Age 23				
Sex	male		Color or Race	white		Birth-place	md
Married, Single or Widowed	single		Occupation		Mechanic		
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Struck by train	How long	12 hrs
Immediate	Fract Skull both legs arm	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		E B Claybrook md	
		Address	
		Cumberland	
Accident or Suicide?			



Name
in
Full

William Reeser -

CERTIFICATE OF DEATH

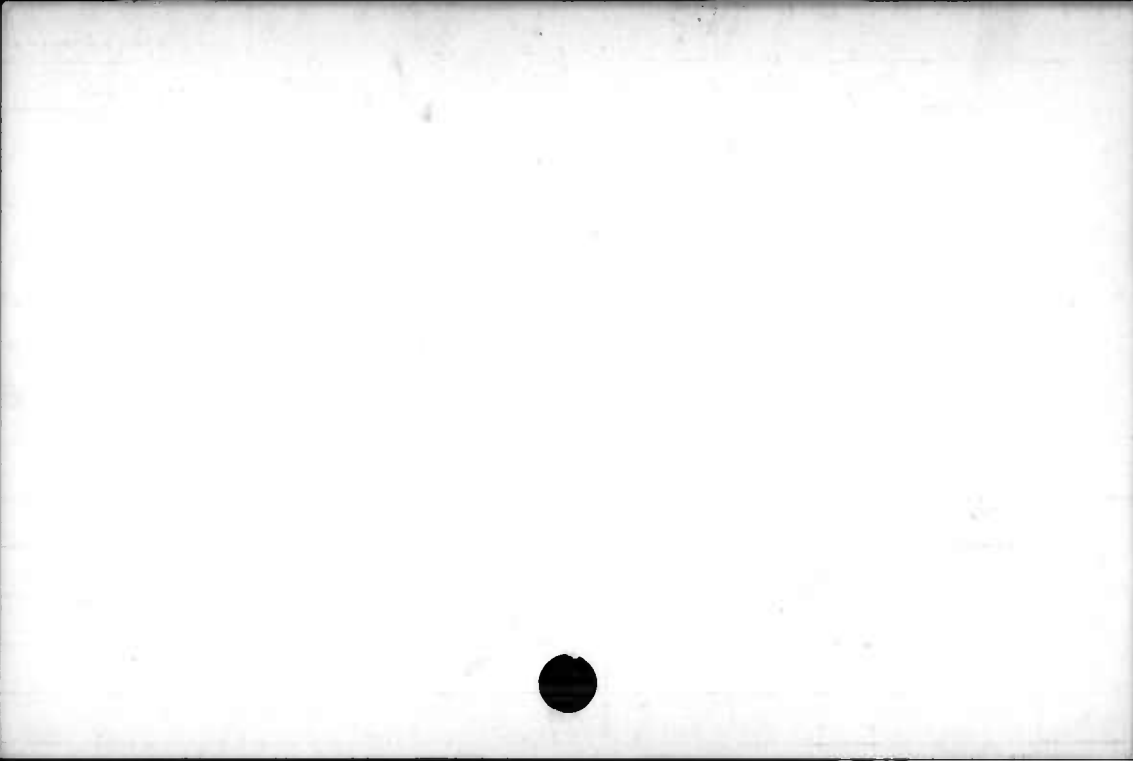
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Patterson Creek</i>		Town		County		MARYLAND	
Date of death	1903	Month	9	Day	9	Years	Age about 35
Sex	Male		Color or Race	White		Birth-place	
Occupation	Brickman			Where Residing if not at place of death			Sandy Hook Md.
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information	G. L. Butler			How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Struck by train	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	W. D. Cornum
	Address
	Cornum
Accident or Suicide?	



Name
in
Full

Ella May Catharine Ruth Reger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtland</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	<i>Sept</i> ^{Month}	<i>15</i> ^{Day}	Age <i>1</i> ^{Years}	<i>6</i> ^{Months}	<i>10</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>City</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>None</i>		
Name of Wife or Husband <i>None</i>					
Father's Name <i>Harry C Reger</i>			Father's Birthplace <i>Mo</i>		
Mother's Maiden Name <i>Mary Wallad</i>			Mother's Birthplace <i>Mo</i>		
Name of person giving information <i>Mother</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Malaria</i>	How long <i>1 mo</i>
Immediate <i>Enteritis</i>	How long <i>1 mo</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. L. Broadup Mo</i>
<i>Seen in hospital but</i>	Address <i>1001 Van</i>
Accident or Suicide? <i>No</i>	<i>Cumtland Mo</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtld.</i>		County <i>Allegheny</i>		MARYLAND	
Date of death <i>190</i>	Month <i>Sept</i>	Day <i>24</i>	Age <i>—</i>	Years <i>—</i>	Months <i>2</i>
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Cumtld.</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Chas C Ross</i>			Father's Birthplace <i>Westernport.</i>		
Mother's Maiden Name <i>Elizabeth Fey</i>			Mother's Birthplace		
Name of person giving Information <i>Chas C. Ross</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Malaria</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. J. [Signature]</i>
	Address <i>Hammond</i>
Accident or Suicide?	

30

311 N. Centre St.

bank

B

Name
in
Full

Infant Ross

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Smaconing</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death 1903	<i>October</i> Month	<i>16</i> Day	Age <i>—</i> Years	<i>—</i> Months	<i>1</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Smaconing</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>none</i>					
Father's Name <i>Illegitimate</i>			Father's Birthplace <i>152</i>		
Mother's Maiden Name <i>Jannet Ross</i>			Mother's Birthplace <i>Smaconing</i>		
Name of person giving information <i>Jannet Ross</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Asphyxiation</i>	How long	<i>—</i>
Immediate		How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>James A. Bullard</i>	
		Address <i>Smaconing W. Va.</i>	
Accident or Suicide? <i>no</i>			



Name
in
Full

CERTIFICATE OF DEATH

Ananda Schumitz
Died at *Cumtland* ^{Town} *Selegary* ^{County}

MARYLAND

Date of death *1903* Month *9* Day *2* Age *44* Years Months *7* Days *20*

Sex *Female* Color or Race *White* Birth-place *Prussia*

Occupation *Housekeeper* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Geo J Schumitz*

Father's Name *Alexander Trucken* Father's Birthplace *Prussia*

Mother's Maiden Name *Catharina Blusterman* Mother's Birthplace *Prussia*

Name of person giving Information *Geo J Schumitz* How related to deceased *Harbor*

CAUSES OF DEATH

Primary *Bright's Disease* How long *4 years*

Immediate *Bowen's & Exanthema* How long *3 days*

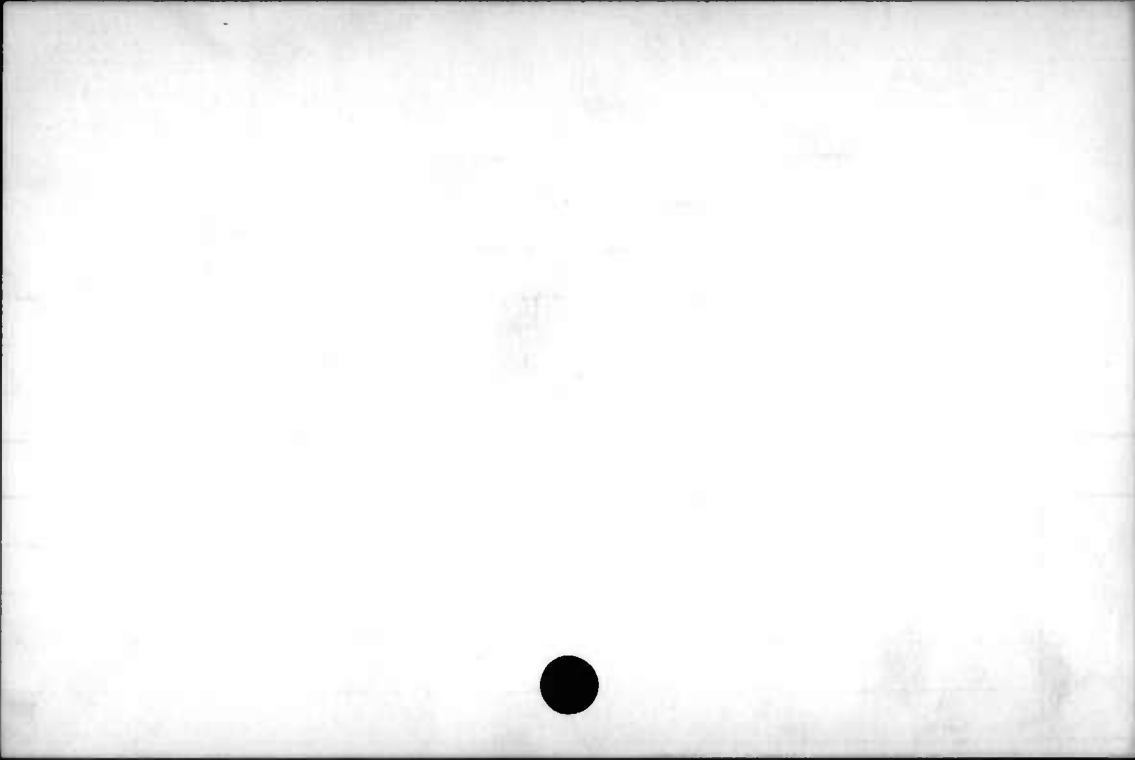
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. F. Trigg*
Address *Cumtland*
MD

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Marguerite Emilia Seiler

Town

County

MARYLAND

Died at

brent d

aceph

Date

Month

Day

Years

Months

Days

of death 190 3

Sept

2 8

Age

6

—

—

Sex

Female

Color or
Race

White

Birth-
place

brent d

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

August Hugo Seiler

Father's
Birthplace

Germany

Mother's
Maiden Name

Annie Pfitzenmeier

Mother's
Birthplace

brent d

Name of person giving
Information

"

"

How related
to deceased

mother

CAUSES OF DEATH

Primary

Typhoid fever

How long

over 3 weeks

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

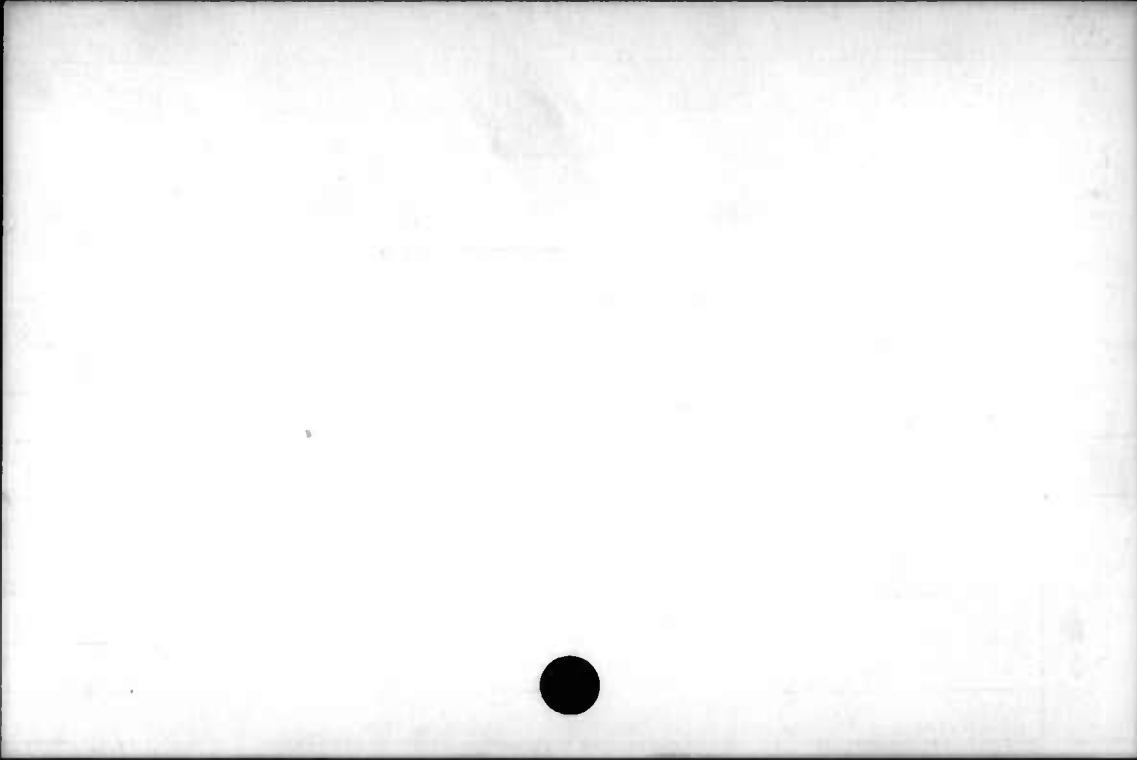
W. M. Wiley

brent d

Dr Wiley

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mrs Roxie Sellers

CERTIFICATE OF DEATH

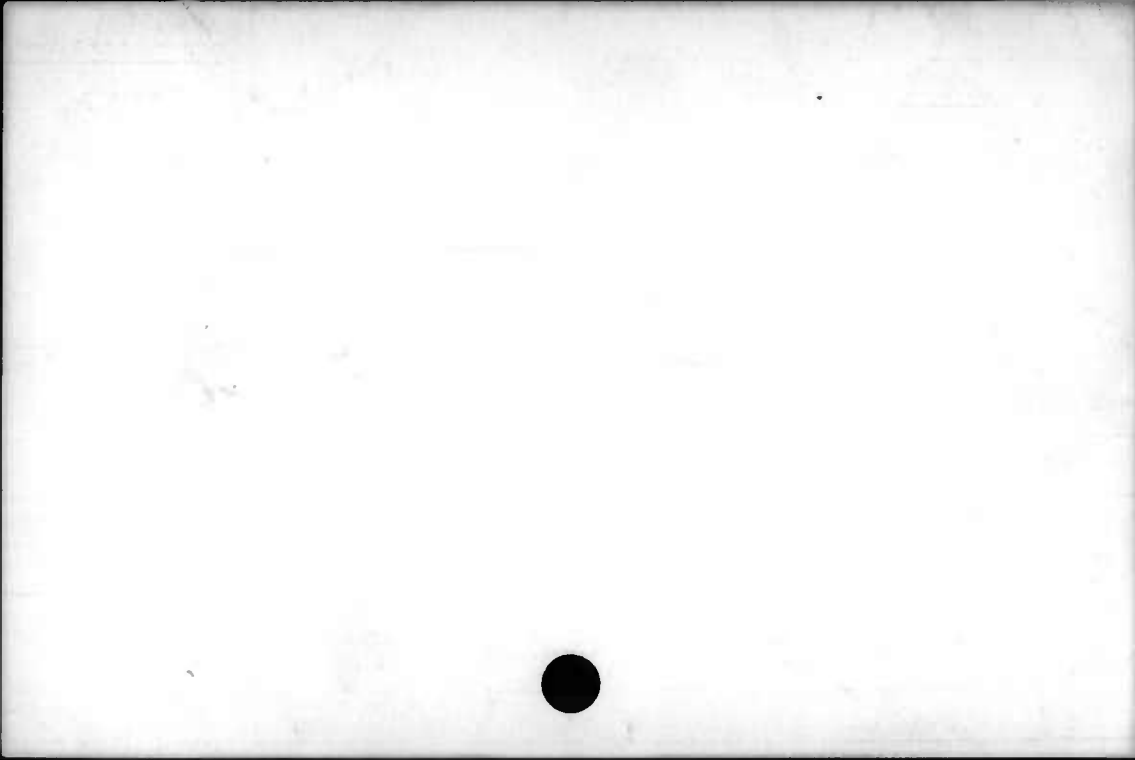
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Cumberland		Allegh.		County		MARYLAND	
Date of death		1903		Month		Sep		Day	
		15		Age		42		Years	
								Months	
								Days	
Sex		female		Color or Race		colored		Birth-place	
								Va	
Occupation		low		Where Residing if not at place of death		-			
Married, Single or Widowed		married		Name of Wife or Husband		Eutaw Sellers			
Father's Name		David Monroe		Father's Birthplace		Va			
Mother's Maiden Name		Caroline Monroe		Mother's Birthplace		Va			
Name of person giving Information		Husband		How related to deceased		-			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Bronchia asthma		How long		2 mos	
Immediate		Collapse		How long			
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		C. H. Grace M D	
				Address		Cumberland	
Accident or Suicide?		-					



Name
in
Full

CERTIFICATE OF DEATH

'TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death 190

Sex

Married, Single
or WidowedName of Wife or
HusbandFather's
NameMother's
Maiden NameName of person giving
In formation

Town

County

MARYLAND

Age

Years

Months

Days

Color or
Race

Occupation

Birth-
place

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Lourena Smith

CERTIFICATE OF DEATH

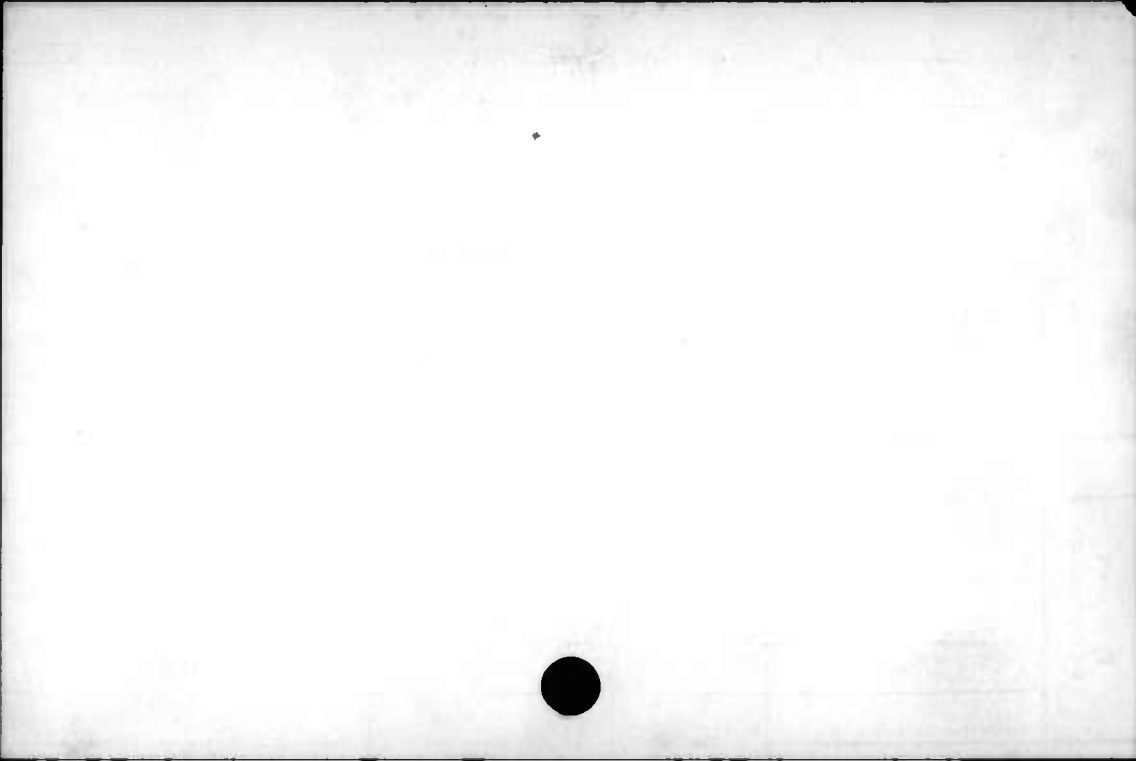
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bunt d</i>		Town		County <i>Alleghany</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>4</i>	Day <i>2</i>	Age <i>30</i>	Years	Months	Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Bunt d</i>			
Occupation				Where Residing if not at place of death			
Married , Single or Widowed		Name of Wife or Husband					
Father's Name <i>George A Smith</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Dead</i>		Mother's Birthplace					
Name of person giving Information		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Drowning</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. J. Corrie</i>
	Address <i>Corrie</i>
Accident or Suicide?	



Name
in
Full

infant, Edvard Snyder

CERTIFICATE OF DEATH

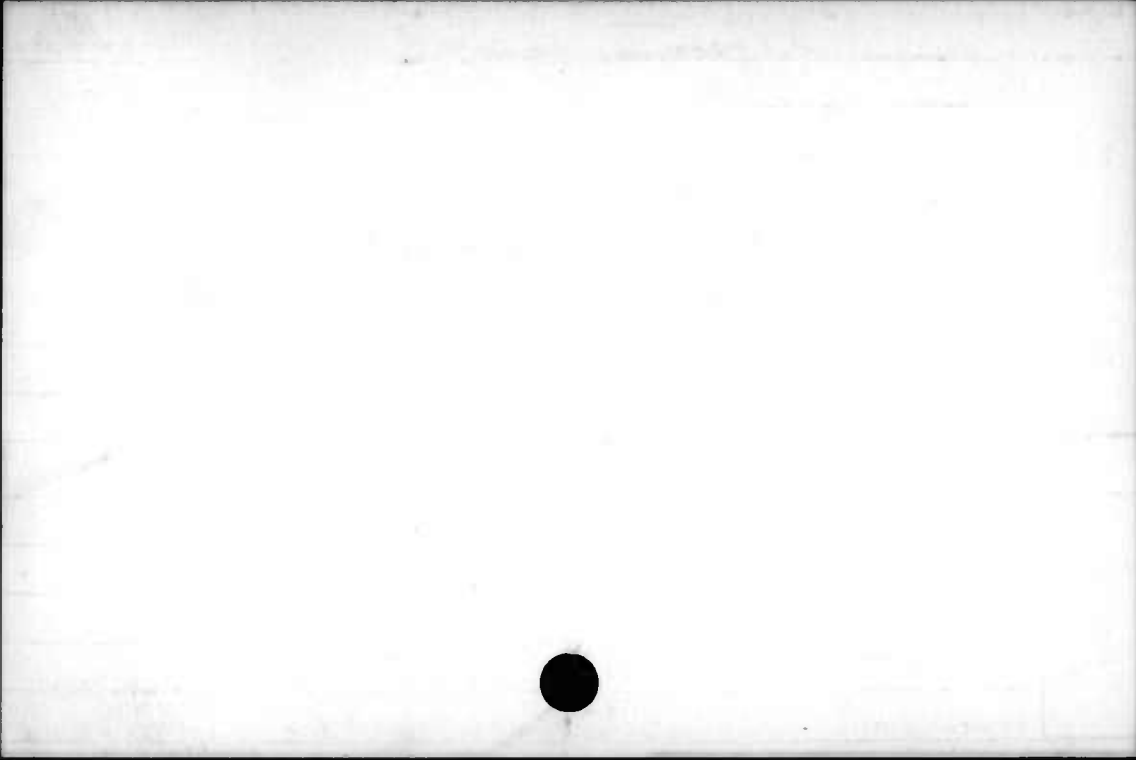
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtld</i> ^{Town}		<i>Allegh</i> ^{County}		MARYLAND	
Date of death <i>190</i>	Month <i>9</i>	Day <i>17</i>	Age	Months <i>2 weeks</i>	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Cumtld</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Edvard Snyder</i>		Father's Birthplace <i>City</i>			
Mother's Maiden Name <i>Mary Snyder</i>		Mother's Birthplace <i>City</i>			
Name of person giving Information <i>Parents</i>		How related to deceased <i>Parents</i>			

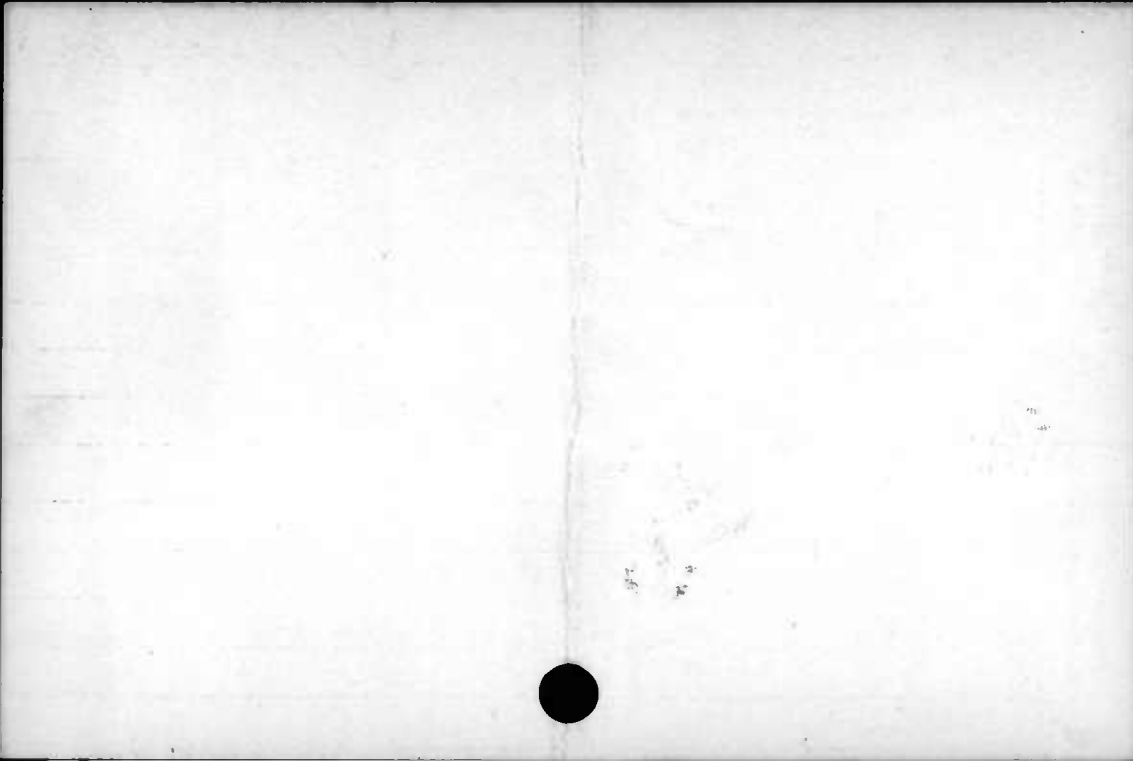
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Weakly Immature infant</i>	How long <i>2 wks</i>
Immediate <i>Infection & Exhaustion</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. L. Broadbent</i>
	Address <i>Cumtld Md</i>
Accident or Suicide?	<i>Broadbent</i>



Name in Full		Jane Stranbaugh				CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
Died at		Cumberland		Allegheny			
Date of death 190		Month	Day	Years	Months	Days	
		Sept	22	84	8		
Sex		Female		Color or Race	White	Birth-place	Penna
Married, Single or Widowed		Widow		Occupation			
				Housewife			
Name of Wife or Husband		John Stranbaugh					
Father's Name		Samuel Barnett				Father's Birthplace	Penna
Mother's Maiden Name						Mother's Birthplace	Penna
Name of person giving information		Bill F. Davis				How related to deceased	Daughter
CAUSES OF DEATH							
Primary		Bright's Disease				How long	1 year
Immediate		Bright's Disease				How long	5 days
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		H. H. Thiele M. D.	
				Address		Cumberland Md	
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sons coming</i> Town		County <i>Allegheny</i>		MARYLAND	
Date of death 1903	Month <i>Sept</i>	Day <i>1</i>	Age <i>3</i>	Months <i>-</i>	Days <i>7-</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Pekin, Md</i>	<i>(Pekin)</i>	
Married, Single or Widowed <i>Single</i>			Occupation <i>-</i>		
Name of Wife or Husband <i>-</i>					
Father's Name <i>John Tennant</i>			Father's Birthplace <i>Pekin, Md</i>		
Mother's Maiden Name <i>Helen Watson</i>			Mother's Birthplace <i>Scotland</i>		
Name of person giving information <i>Mrs Helen Tennant</i>			How related to deceased <i>mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pertussis</i>	How long <i>2 weeks</i>
Immediate <i>Gastritis</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James A. Bullock</i>
	Address <i>Sons coming Maryland</i>
<u>Accident or Suicide?</u>	

7



Name
in
Full

Daniel Timney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Delmar</i> Town		County <i>Allegheny</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Sept</i>	Day <i>1</i>	Age <i>76</i>	Years	Months <i>7</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Scotland</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>farming</i>			
Name of Wife or Husband <i>Ellen Beaman</i>					
Father's Name <i>unknown</i>		Father's Birthplace <i>18.</i>			
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace			
Name of person giving information <i>William Timney</i>		How related to deceased <i>Son</i>			

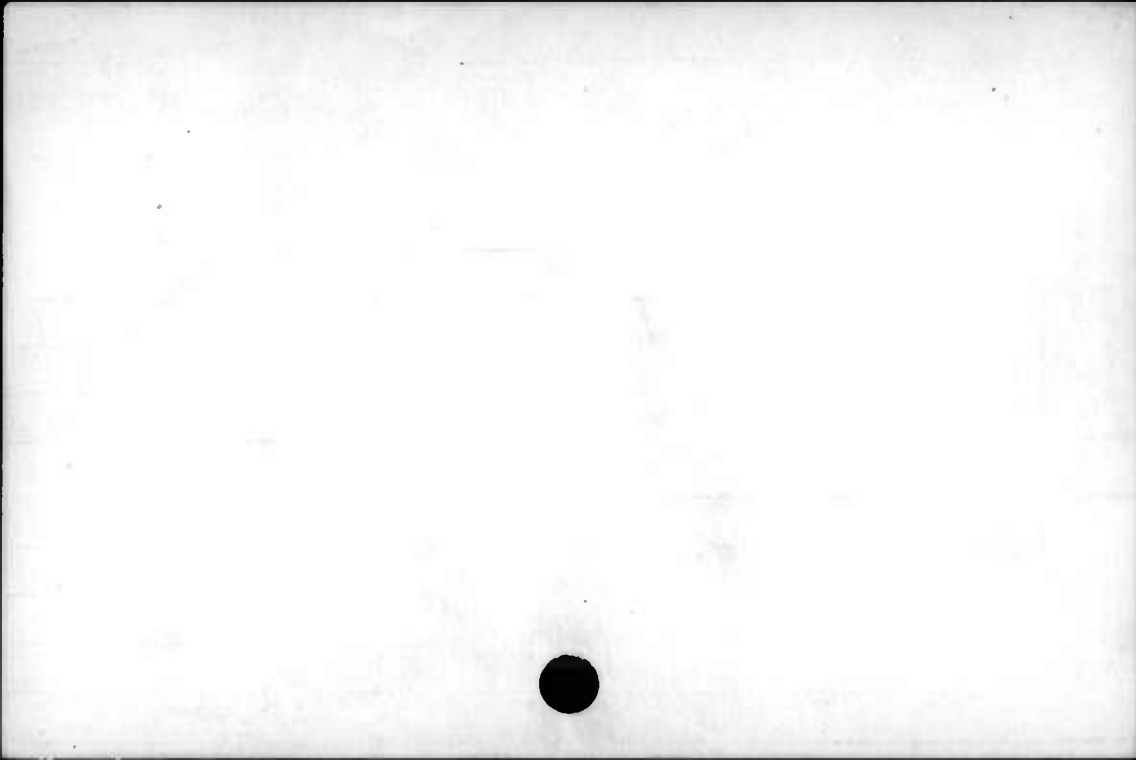
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Erysipelas of Face</i>	How long <i>5 Days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James O. Bullock</i>
	Address <i>Lawrence Maryland</i>
Accident or Suicide <i>2</i>	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Litonsville</u> Town		<u>Allegheny</u> County		MARYLAND
	Date of death <u>1903</u>	Month <u>Sept</u>	Day <u>19</u>	Age <u> </u> Years	Months <u> </u> Days <u> </u>
	Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Ind</u>	
	Occupation <u> </u>		Where Residing if not at place of death <u> </u>		
	Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u> </u>			
	Father's Name <u>Stephen Kunkle</u>			Father's Birthplace <u>Pa</u>	
	Mother's Maiden Name <u>Annus Beall</u>			Mother's Birthplace <u>Ind</u>	
	Name of person giving Information <u> </u>			How related to deceased <u> </u>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <u>St. Brown</u>			How long <u> </u>	
	Immediate <u> </u>			How long <u> </u>	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <u>Thos. St. Brown</u>	
				Address <u> </u>	
	Accident or Suicide?			<u> </u>	



Name
in
Full

CERTIFICATE OF DEATH

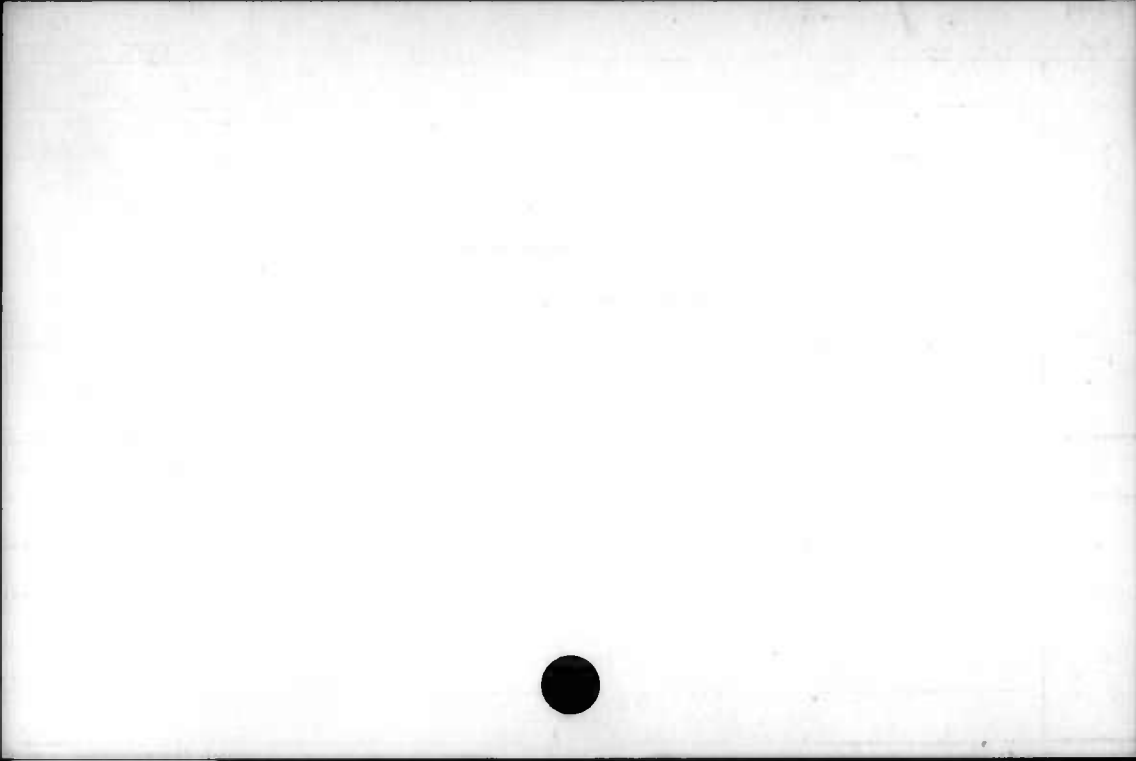
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Laura Tremble</i>		Town <i>Cumtland</i>		County <i>Allegheny</i>		State <i>MARYLAND</i>	
Died at <i>Cumtland</i>		Month <i>9</i>		Day <i>4</i>		Years <i>38</i>	
Date of death <i>1903</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>W</i>		Birth-place <i>Pa</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>					
Name of person giving Information <i>—</i>		How related to deceased <i>—</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diarrhoea (chronic)</i>	How long <i>3 or 4 Mo</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. F. Turgg</i>
	Address <i>Cumtland</i>
Accident or Suicide? <i>—</i>	<i>MD</i>



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIENDDied at *Cumberland* *Alleghany*Date of death 190 *3* *Sept* *14* *Age* *30* *Months* *10* *Days* *15*Sex *Male* Color or Race *White* Birth-place *Ind*Married, Single or Widowed *Married* Occupation *R.R. Hunter*Name of Wife or Husband *Mary Ann Swigg*Father's Name *Robt Swigg* Father's Birthplace *Ind*Mother's Maiden Name *Hannah* Mother's Birthplace *Ind*Name of person giving information *May A Swigg* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Typhoid's run* How long *4 week*Immediate *Hemorrhage & exhaustion* How long *2 days*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

*Geo. L. Bradenphalo**100 Va Ave*

Accident or Suicide?

*No**Cumberland Ind.*

Twigg

Jas. H. Ward

Town

County

Died at

MARYLAND

Date 19 *03*

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Brace Eng~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

8

Husband of

~~Wife~~

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Acute Indigestion

How long sick

36 hours

Death

Immediate

Collapse

Accident, Suicide, Homicide

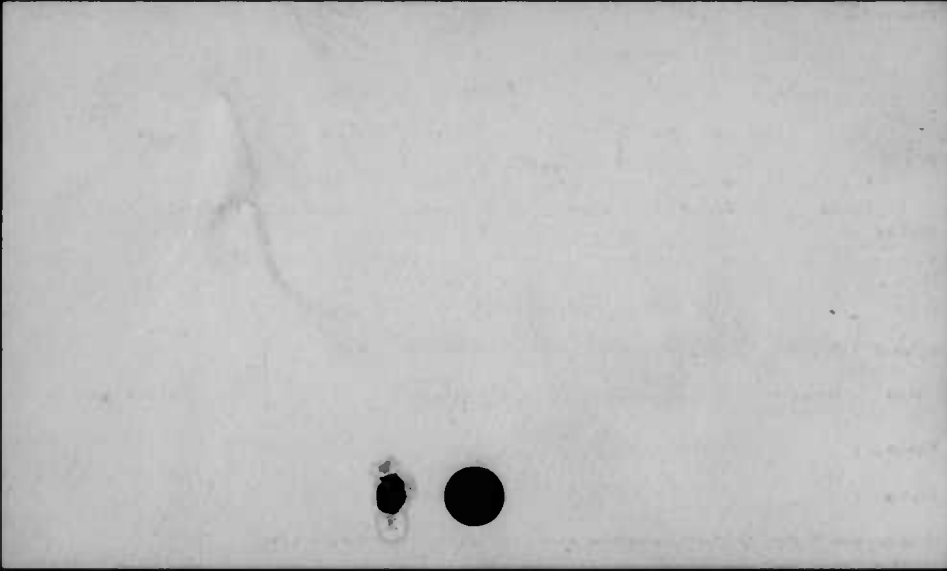
Reported by

*D. H. Brace**Dr. Brann*

Address

Cumt Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bolton</i> ^{Town}		<i>Alley</i> ^{County}		MARYLAND	
Date of death	<i>1903</i>	<i>Sept</i> ^{Month}	<i>11</i> ^{Day}	<i>78</i> ^{Years}	<i>—</i> ^{Months}
Sex	<i>M.</i>	Color or Race	<i>W.</i>	Birth-place	<i>Somerset Co Pa</i>
Occupation	<i>Retired Farmer</i>			Where Residing if not at place of death	
Married, <input checked="" type="checkbox"/> or Widow	Name of Wife or Husband			<i>Mrs — Wilfley</i>	
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cancer of Stomach</i>	How long	<i>One year</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>James S. Smith</i>	
		Address	
		<i>Trout Run</i>	
Accident or Suicide?			

14

Salisbury Pa